

Case Number:	CM14-0140032		
Date Assigned:	09/08/2014	Date of Injury:	01/07/2013
Decision Date:	10/16/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/29/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Alabama, New York, and Maryland. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 35 year old male who reported an injury on 1/7/2013 with unclear mechanisms of injury. Current diagnosis is lower back pain. Currently he is on Tizanidine and Norco. He does have positive straight leg test on the right on examination. There is a request for further Tizanidine and Norco and is being questioned here.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Tizanidine 4mg QID #120 2 refills (retro): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Criteria for use of Opi.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63-67.

Decision rationale: Based on the MTUS Chronic Pain Guidelines, muscle relaxants such as Tizanidine, are recommended as nonsedating second line options for short term treatment of acute exacerbations. The patient has been continuously using Tizanidine without any evidence of objective functional improvement. Medication may be titrated down appropriately to prevent withdrawal. Based on the MTUS Chronic Pain Guidelines as well as the clinical documentation stated above, the request is not medically necessary.

Norco 10/325mg 6-8 day #240, 2 refills (retro): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Criteria for use of Opi.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-97.

Decision rationale: The MTUS Chronic Pain Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of no opioid analgesics. In addition, an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be documented. There is no evidence of functional gain/pain relief, there is no evidence of written consent or pain agreement for the chronic use of an opioid, there is no documentation of first-line non-opioid medication trial. Medication may be titrated down appropriately to prevent withdrawal. Based on the MTUS Chronic Pain Guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.