

Case Number:	CM14-0153219		
Date Assigned:	09/23/2014	Date of Injury:	01/26/2001
Decision Date:	10/24/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/19/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

The patient is a 56-year-old female who has submitted a claim for persistent cervical pain, right shoulder impingement syndrome, lumbar discopathy, s/p 2 level lumbar fusion, and chronic pain syndrome with history of trial dorsal column stimulator associated with an industrial injury date of 1/26/2001. Medical records from 11/19/2002 up to 8/6/2014 were reviewed showing persistent neck, back, right hand, and left leg pain, 10/10 in severity. Pain is described as aching with tingling and numbness. Physical examination revealed normal gait. Lumbar spine examination showed severe spasm on the left side extending into the thoracic region with tenderness, limited and painful ROM assessment, and intact sensation. There are sensory deficits present in the lower extremities bilaterally. Treatment to date has included Norco 10/325mg (since at least 5/2012), Tizanidine 2mg (since at least 7/2010), Lunesta, carisoprodol, omeprazole, gabapentin, paroxetine, Ativan, physical therapy, and surgery. Utilization review from 9/11/2014 denied the request for Norco 10/325mg #90, 3 refills and Tizanidine 2mg #60, 3 refills. Regarding Norco, there is no objective functional benefit from its use, no current UDS reported, risk assessment profile, attempt at weaning and tapering, and an updated and signed pain contract between the provider and the patient. Patient should have been weaned of the medication by now. Regarding Tizanidine, there is no objective functional benefit from its use. Furthermore, guidelines do not support the use of muscle relaxants longer than 2 weeks. The patient should have been weaned off the medication by now.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90, 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient has been using Norco since at least 5/2012. However, there is no documentation of pain relief as the patient's most current VAS is 10/10. There is also no evidence of significant functional improvement and UDS reports. Therefore the request for Norco 10/325mg #90, 3 refills is not medically necessary.

Tizanidine 2mg #60, 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation, Pain Procedure Summary last updated 8/4/2014

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-66.

Decision rationale: As stated on pages 63 and 66 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity and off label use for low back pain. In addition, MTUS also states that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the patient has been using Tizanidine since at least 7/2010. Lumbar spine examination showed severe spasm on the left side extending into the thoracic region with tenderness, limited and painful ROM assessment, and intact sensation. However, the patient has been chronically using this medication with no significant improvement in symptoms. Moreover, guidelines state that the efficacy of this medication diminishes over time. Therefore, the request for Tizanidine 2mg #60, 3 refills is not medically necessary.