

Case Number:	CM14-0154929		
Date Assigned:	09/25/2014	Date of Injury:	07/14/2008
Decision Date:	10/27/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	09/22/2014

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 Occupational Medicine and is licensed to practice in California. 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:

There were 53 pages provided for this review. The application for independent medical review was signed on September 22, 2014. It was for Norco 10\325 mg one every four hours number 180 for 30 days times three refills and Tizanidine four milligrams each evening number 30 for 3 refills. The two items were not certified. A peer-to-peer phone conversation was made on September 22, 2014. The doctor noted that the patient had not returned to work. The doctor felt this patient had mechanical low back pain, and would not respond to medicines for neuropathic pain. He has been taking opiates for long period of time. The doctor asked if he would be willing to modify the Norco to a lower amount. He said that nonsteroidal medicines were not helpful. The request should have been for a higher number, and he made a mistake and he is unwilling to wean Norco any further to allow him to modify the number down. He takes Tizanidine at bedtime since May 2014. He is a 42-year-old man was injured on July 14, 2008. He had been to an Agreed Medical Evaluation on May 1, 2012. They recommended occasional epidurals to the low back to help with radicular symptoms. A prior peer review allowed or one refill of the 150 tablets 30 day supply of Norco for patient weaning purposes. The Tizanidine requested was certified to aid in the Norco weaning. A note from September 8, 2014 reflects that he has chronic intractable back pain and neck pain from the suffered on-the-job injury. The pain is reduced with the medicines from is seven out of 10 down to a 2 to 3 out of 10. There is still lumbar tenderness. Straight leg rising is negative. The diagnosis is mechanical low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg 1 Q 4HR #180 for 30 day times three refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 88 of 127.

Decision rationale: In regards to Opiates, Long term use, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for Norco 10/325 mg 1 Q 4HR #180 for 30 day times three refills is not medically necessary.

Tizanidine 4mg HS #30 times three refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18.

Decision rationale: Regarding muscle relaxants like Tizanidine, also known as Zanaflex, the MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008). In this case, there is no evidence of it being used short term or acute exacerbation. There is no evidence of muscle spasm on examination. The records attest it is being used long term, which is not supported in MTUS. Further, it is not clear it is being used second line; there is no documentation of what first line medicines had been tried and failed. Further, the MTUS notes that 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. The request was appropriately not medically necessary.