

Case Number:	CM14-0158769		
Date Assigned:	10/06/2014	Date of Injury:	06/02/2008
Decision Date:	10/30/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	09/29/2014

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 Family Practice 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:

This is a 36-year-old female claimant sustained a work injury on 6/2/08 involving the neck. She was diagnosed with cervical disc disease, cervical radiculitis, thoracic facet syndrome in myofascial pain. An MRI in 2013 indicated severe C4-5 disease. A progress note on September 3, 2014 indicated the claimant had persistent neck and thoracic pain. Exam findings were notable for moderate tenderness and painful range of motion of the cervical spine with pain upon cervical facet loading. The treating physician recommended continuing morphine sulfate 30 mg every 4 to 6 hours along with Norco 10 mg TID and Tizandine. A recommendation was also made for a cervical epidural steroid injection and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

CESI: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines neck complaints Page(s): 174-175.

Decision rationale: According to the ACOEM guidelines, epidural steroid injections are not recommended. Invasive techniques are of questionable merit. The treatments do not provide any

long-term functional benefit or reduce the need for surgery. In this case, the physician had planned for a cervical branch block if CESI did not help. This is likely based on the limited benefit as suggested by the guidelines. The request for cervical epidural steroid injections is not medically necessary.

Norco 10/325mg tid #90 with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9, 74-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco along with Morphine without improvement in pain or function. The combined dose provided exceeded the recommended maximum of 120 mg equivalent of Morphine per day. The continued use of Norco is not medically necessary.

MSIR-15mg TAB II at HS and request q 4-6 hours during the night as needed #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9, 74-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 82-92.

Decision rationale: In this case, the claimant had been on Norco along with Morphine without improvement in pain or function. The combined dose provided exceeded the recommended maximum of 120 mg equivalent of Morphine per day. In addition, there was no documentation of a controlled substance agreement for use of multiple high dose opioids for prolonged periods. The continued use of Morphine as above is not medically necessary.

Routine UDS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine toxicology Page(s): 83-91.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that

there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity.

Tizanidine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64, 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

Decision rationale: Tizanidine is a muscle relaxant. Eight studies have demonstrated efficacy for low back pain. According to the MTUS guidelines, muscle relaxants are to be used as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In most low back pain 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 claimant had use Tizanidine chronically. The continued use of Tizandine is not supported for use of neck pain and spasms. Tizanidine is not medically necessary.