

Case Number:	CM14-0219323		
Date Assigned:	01/09/2015	Date of Injury:	01/17/2014
Decision Date:	03/13/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/31/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 injured worker is a 72 year old male who sustained an industrial injury on 1/17/14. The injured worker reported headaches and pain in the cervical and lumbar spine. The diagnoses included cervical disc disease, cervical radiculopathy, cervical facet syndrome, bilateral shoulder impingement syndrome, lumbar disc disease, lumbar facet syndrome, bilateral knee sprain/strain. Treatments to date have included oral medication, physical therapy, chiropractic treatments, activity restriction and injections. Physician documentation dated 11/11/14 noted the injured worker presents with pain score of 5-8/10 with numbness to bilateral shoulders and hands including tingling, sharp pain and weakness. There was lumbar pain radiated to bilateral legs associated with numbness, pain, tingling, weakness and locking. There was objective finding of tenderness to palpation of the lumbar spine and positive straight leg raising test. The SI joints provocative test was negative. The treating physician is requesting Tizanidine 4mg #60, Norco 10/325mg #60 and a bilateral L5-S1 transforaminal epidural steroid injection. The 7/17/14 MRI of the lumbar spine showed multilevel disc bulges, spinal stenosis and bilateral facet arthropathy. On 12/5/14, Utilization Review non-certified a request for Tizanidine 4mg #60, Norco 10/325mg #60 and a bilateral L5-S1 transforaminal epidural steroid injection, noting California Medical Treatment Utilization Schedule, Official Disability Guide and American College of Occupation and Environmental Medicine Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidien 4mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 63-66. Decision based on Non-MTUS Citation Pain Chapter Muscle Relaxants

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short term periods for the treatment of exacerbation of musculoskeletal pain that did not respond to standard treatments with NSAIDs and PT. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with sedative medications. The records indicate that the patient had utilized muscle relaxants longer than the guidelines recommended limit of 4 weeks duration. The patient is also utilizing opioids and other sedatives. The criteria for the use of Tizanidine 4mg # was not met.

Norco 10/325mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96. Decision based on Non-MTUS Citation Pain Chapter Opioids

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbations of musculoskeletal pain that did not respond to standard treatments with NSAIDs and PT. The chronic use of opioids can be associated with the development of sedation, addiction, dependency and adverse interaction with sedative medications. The records indicate that the patient had subjective and objective findings consistent with exacerbation of severe musculoskeletal pain. There is no report of aberrant drug behavior or adverse effects. The medication is reported to be effective. The criteria for the use of Norco 10/325mg # 60 was met.

Bilateral L5-S1 Transforaminal Epidural Steroid Injection: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.29.5 Page(s): 46. Decision based on Non-MTUS Citation Pain Chapter Low and Upper Back

Decision rationale: The CA MTUS and the ODG guidelines recommend that lumbar epidural injections can be utilized for the treatment of lumbar radiculopathy that did not respond to

conservative treatments with medications and PT. The records show that the patient have subjective, objective and radiological findings consistent with the diagnosis of lumbar radiculopathy. The patient had completed conservative treatments with medications and PT but still had significant severe radicular pain. The criteria for bilateral L5-S1 transforaminal epidural steroid injections was met.