

Case Number:	CM15-0009143		
Date Assigned:	01/27/2015	Date of Injury:	05/23/2006
Decision Date:	04/03/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/15/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 36 year old female sustained a work related injury on 05/23/2006. According to a progress report dated 12/08/2014, the injured worker complained of worsening hand weakness, dropping objects, gait imbalance worsening, bilateral wrist pain and urinary urgency. The injured worker had neck pain, upper extremity pain, wrist pain and numbness and hand pain. Treatments have included physical therapy for the upper extremities, right carpal tunnel release and medications taken for the past almost two years. Diagnoses included clinical worsening cervical myelopathy, disc herniation, status post right carpal tunnel release in 06/2010 and left carpal tunnel syndrome not released. Plan of care included MRI of the cervical spine, x-rays of the cervical spine, Norco, Tizanidine, Valium and follow up following the MRI. According to the provider, the Norco was indicated because the injured worker overall had become worse with worsening pain. On 12/15/2014, Utilization Review modified Norco 10/325mg x 180 and Tizanidine 4mg. In regard to Norco, there was no evidence of objective functional improvement to support continued use of the medication. There was no opioid mandated documentation including current urine drug test, risk assessment profile, attempt of weaning/tapering and an updated and signed pain contract between the provider and claimant. In regard to Tizanidine, there was no evidence of objective functional improvement to support continued use of this medication. Furthermore, muscle relaxants are not recommended for long-term use. CA MTUS Chronic Pain Medical Treatment Guidelines were referenced. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg x 180: 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): 74-96.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain treatment in this patient since the initial date of injury (5/23/06), consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient has had a recent change in providers, warranting even greater concern for close monitoring and treatment, to include close follow up regarding improvement in pain/function. Consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. More detailed expectations should be outlined with the patient regarding the treatment plan and follow up aimed at working to decrease opioid dependency. Consideration of other pain treatment modalities and adjuvants is also recommended. If there is objective evidence of functional improvement, it should be documented clearly in order to consider continuation of opioid treatment. While a weaning protocol is likely in order, there needs to be specific evidence of a plan in place to successfully wean the patient, and without such a plan, the quantity of medications currently requested is not considered in the opinion of this reviewer to be medically necessary and appropriate, making the decision to modify the request per utilization review reasonable given the provided records.

Tizanidine 4mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment of Workers' Compensation (ODG-TWC), Non-sedating muscle relaxants.

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

Decision rationale: 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 low back pain. However, in most cases, they seem no more effective than NSAIDs for treatment. There is also no additional benefit shown in combination with NSAIDs. With no objective evidence of pain and functional improvement on the medication based on the provided

documents along with the continued presence of spasm on exam even while taking the medication, the quantity of medications currently requested cannot be considered medically necessary and appropriate.