

Case Number:	CM15-0112360		
Date Assigned:	06/18/2015	Date of Injury:	01/31/2014
Decision Date:	08/19/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/10/2015

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: New York, Pennsylvania, Washington

Certification(s)/Specialty: Internal Medicine, Geriatric 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:

The injured worker is a 41 year old female who sustained an industrial injury on 1/31/14 involving the neck, back, upper extremities, shoulders and body systems resulting from continuous trauma associated with lifting heavy residents. There is a history of lumbar sprain in 2005 with return to full duty. She currently complains of ongoing pain in the low back with radiation to bilateral lower extremities, left worse than right with numbness and tingling. On physical exam of the lumbar spine there was limited range of motion with pain, tenderness on palpation across the midline of the lumbar spine. Her activities are limited regarding her ability to drive for longer periods, sitting and standing in one place is painful. Medications are Butrans, Norco, Tramadol. Urine drug screen tested negative for Butrans but the injured worker is wearing a patch but she reports it fell off the day of the drug screen. Diagnoses include chronic sprain/ strain lumbar spine with sciatica into both lower extremities; bilateral sacroiliac joint dysfunction; moderate disc herniation L5-S1; chronic bilateral L5 radiculopathy; cervical sprain with radicular pain; right shoulder sprain. Treatments to date include medications; cervical epidural injections; interlaminar epidural steroid injection of the lumbar spine with less than 50% relief of pain; chiropractic treatments; physical therapy which aggravated her back. Diagnostics include electromyography (2/24/15) showing bilateral L5 radiculopathy; MRI of the lumbar spine (6/25/14) showing degenerative changes; electrodiagnostic study of the lower extremities (2/24/15) showing chronic bilateral radiculopathy. In the progress note dated 5/1/15 the treating provider's plan of care includes requests for tizanidine 4 mg three times a day as needed for muscle spasms; Tramadol ER 100 mg twice per day as needed for pain; Norco 10/325 mg every four to six hours as needed for pain; laboratory evaluation complete blood count and complete metabolic panel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: Per the guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit fails to document any goals for improvement in pain, functional status or a discussion of side effects specifically related to the muscle relaxant to justify use. The request for tizanidine is not medically necessary or substantiated in the records.

Tramadol ER 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 84-94.

Decision rationale: Per the guidelines, tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. There are three studies comparing Tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. There are no long-term studies to allow for recommendations for longer than three months. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to tramadol to justify use. The request for tramadol is not medically necessary or substantiated.

Norco 10/325mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

Decision rationale: Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited and the records document suspicion that Norco caused elevation in her liver enzymes. The request for Norco is not medically necessary or substantiated in the records.

Labs: CBC & BMP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://www.cigna.com/healthwellness/hw/medical-topics/comprehensive-metabolic-panel-tr6153>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.

Decision based on Non-MTUS Citation uptodate: diagnosis and assessment of kidney function, Approach to the patient with abnormal liver biochemical and function test and Causes and diagnosis of iron deficiency anemia in the adult.

Decision rationale: This injured worker is a 41 year old woman with no significant past medical history with an industrial injury in 2014. The request is for a comprehensive metabolic panel and CBC. The notes indicate that she had mild elevation of her AST and ALT and it was felt possibly secondary to Norco which was discontinued. She has no hepatic, gastrointestinal or renal symptoms. Given her age and no documentation of issues with compliance of medications or dosage and no symptoms of any hepatic, hematologic, renal or cardiovascular illnesses or symptoms, lab monitoring is not medically necessary.