

Case Number:	CM15-0125073		
Date Assigned:	07/09/2015	Date of Injury:	05/26/2012
Decision Date:	08/13/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/29/2015

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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 30 year old female who sustained an industrial injury on 05/26/2012. Mechanism of injury was not documented. Diagnoses include lumbar spine degenerative disc disease with radicular symptoms to bilateral lower extremities, lumbar spine spondylosis, lumbar spine sprain and strain with myofascial pain and tenderness, bilateral sacroiliac joint arthropathy and bilateral knee pain. Treatment to date has included diagnostic studies, medications, right knee arthroscopic surgery in May of 2013, right knee Synvisc injections, lumbar epidural steroid injections, and a lumbar medial branch block on 01/25/2015 with positive results. Her medications include Norco, Tizanidine, Ibuprofen, and an analgesic cream for symptomatic relief of pain. An unofficial Magnetic Resonance Imaging of the lumbar spine done on 05/19/2015 documented L5-S1 disc posterior protrusion with neuroforaminal stenosis bilaterally. A physician progress note dated 05/19/2015 documents the injured worker complains of severe back pain and pain in her knees. She complains of gaining weight secondary to not being able to have physical activity secondary to the pain. Her bilateral knee pain is worse on the left side; she is status post right knee arthroscopic surgery. There is tenderness to touch on the bilateral lumbar paraspinal muscle and lumbosacral area. Lumbar extension causes pain over the facet joints. Straight leg raise produces low back pain, and Straight leg raise is positive bilaterally at 40 degrees, left greater than right. There is limited range of motion of the lumbar spine with pain and spasm. She has diminished patellar and Achilles reflexes bilaterally and diminished strength at tibialis anterior, extensor hallucis longus and gastrocnemius, 4-5. The treatment plan includes reconsideration for bilateral L4-L5 and L5-S1 radiofrequency ablation, and continuation of Norco, Tizanidine, Ibuprofen, and the compound cream of Flurbiprofen 10%, Capsaicin 0.05%, Menthol 5%, and Camphor 5%, 180 gm jar. Treatment requested is for Norco 10/325mg #30, and Tizanidine 4mg #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 78-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, "ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." There is no documentation of functional and pain improvement with previous use of Norco. There is no documentation of continuous compliance of patient to his medications. There is no documentation of continuous monitoring of the drug side effects. Therefore, the prescription of Norco 10/325mg #30 is not medically necessary.

Tizanidine 4mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63, 66.

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

Decision rationale: According to MTUS guidelines, a non-sedating muscle relaxant is recommended with caution as a second line option for short term treatment of acute exacerbation in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient was previously treated with Tizanidine for several months, which is considered a prolonged use of the drug. There is no continuous and objective documentation of the effect of the drug on patient pain, spasm and function. There is no recent documentation for recent pain exacerbation or failure of first line treatment medication. Therefore, the request for Tizanidine 4mg #45, Refills is not medically necessary.