

Case Number:	CM15-0170829		
Date Assigned:	09/11/2015	Date of Injury:	11/01/2005
Decision Date:	10/13/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/31/2015

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: California, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 48 year old male, who sustained an industrial injury on November 1, 2005. The injury occurred when the injured worker stepped into a hole and fell. Other noted dates of injury documented in the medical records include June 7 and 9, 2005. The injured worker sustained a low back injury. The diagnoses have included chronic lumbar radicular pain, failed back syndrome, anxiety, and depression. Current work status was not identified. Current documentation dated July 21, 2015 notes that the injured worker reported constant low back pain with intermittent sharp stabbing pain in both legs. Associated symptoms include numbness and tingling in the legs. The pain was rated a 7 out of 10 on the visual analogue scale with the medications Norco and Tizanidine. Physical examination noted that the injured worker had significant improvement in previous pitting edema of the bilateral lower extremities. Sensation was intact in all extremities. The injured worker ambulated with an antalgic gait. Treatment and evaluation to date has included medications, radiological studies, MRI, urine drug screen, lumbar epidural steroid injections, physical therapy, hot packs, and a lumbar fusion in 2006. Current medications include Chantix, Colace, Norco (since at least September of 2014), and Tizanidine (since at least December of 2014). The treating physician's request for authorization included requests for Tizanidine 4 mg # 90 with 1 refill and Norco 10-325 mg # 90 with 1 refill. The original Utilization Review dated August 5, 2015 non-certified Tizanidine 4 mg # 90 with 1 refill due lack of documentation in the medical records of an acute exacerbation of low back pain for which the medication is indicated. The injured worker uses the medication on a chronic basis. On August 5, 2015, Utilization Review modified the request for Norco 10-325 mg # 24 with no refills (original request # 90 with 1 refill) to allow for weaning. Utilization Review modified the request due to lack of documentation in the medical records of adequate pain relief and functional improvement with the use of the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Muscle relaxants (for pain).

Decision rationale: Per the CA MTUS, muscle relaxants for pain, such as Tizanidine, are recommended with caution only as a second-line option for short-term treatment of acute exacerbations in injured workers with chronic low back pain (LBP). Most cases of LBP showed no benefit of muscle relaxants beyond the typical non-steroidal anti-inflammatory drugs available. Additionally, Tizanidine is an alpha2-adrenergic agonist that is FDA approved for management of spasticity, but has unlabeled use for low back pain. Recent treating provider notes from July 21, 2015, stated that the injured worker had been stable on his Norco and Tizanidine, with pain rated at 7/10; however, notes from September 16, 2015, state that he had pain exacerbation on the same regimen. The primary issue is that Tizanidine is for short-term treatment of acute back symptoms, but he has been on the medication long-term. The injured worker had also been advised previously that Tizanidine was not appropriate and he has had adequate time to discontinue the medication. Therefore, the request for Tizanidine 4 mg #90 with 1 refill is not medically necessary and appropriate based on the current guidelines and medical history.

Norco 10/325mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis.

Decision rationale: The cited CA MTUS guidelines recommend short acting opioids, such as Norco, for the control of chronic pain, and may be used for neuropathic pain that has not responded to first-line medications. The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The injured worker's most recent records from July 21 and September 16, 2015, included documentation of the pain with medications, no significant adverse effects or aberrant behavior, pain contract on file, history of urine drug testing (May 26, 2015); however, the notes did not include pain without medication, objective functional improvement, and performance of necessary activities of daily living. Appropriate follow-up has been performed as per the cited guidelines. Also, weaning of opioids should be routinely reassessed and initiated as soon as indicated by the treatment guidelines, which was advised by Utilization

Review on multiple past reviews. Based on the available medical information showing no sustained functional improvement and previous attempt at weaning, Norco 10/325 mg #90 with 1 refill is not medically necessary and appropriate for ongoing pain management.