

Case Number:	CM15-0043553		
Date Assigned:	03/13/2015	Date of Injury:	09/03/1999
Decision Date:	05/18/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	03/06/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58 year old male who sustained a work related injury on September 3, 1999, after lifting an air gun working as a mechanic, incurring, neck, back and left knee injuries. Treatments included physical therapy, lumbar injections, knee surgery, muscle relaxants, and pain medications. He was diagnosed with lumbago, left knee replacement, neck sprain, myalgia and myositis of the neck and a right sacroiliac sprain. Currently, the injured worker complained of diminished range of motion of the left knee and spasms and tenderness of the cervical and lumbar spine. The plan that was requested for authorization included Tizanidine and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #60 x 2 refills for the lumbar region: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12 ed. McGraw Hill, 2010. Physician's Desk Reference, 68th ed www.RxList.com. ODG Workers Compensation Drug Formulary www.odg-twc.com/odgtwc/formulary.htm - drugs.com Epocrates Online, www.online.epocrates.com, Monthly Prescribing Reference, www.empr.com, Opioid Dose Calculator - AMDD Agency Medical Directors' Group Dose Calculator, www.agencymeddirectors.wa.go.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 64-66.

Decision rationale: The patient presents with pain and weakness in his neck, lower back and left knee. The request is for TIZINIDINE 4MG #60 WITH 2 REFILLS FOR THE LUMBAR REGION. Per 01/21/15 progress report, the patient is currently taking simvastatin, carisoprodol, amitriptyline, duloxetine, levothyroxine and clonazepam. The patient is working with modified duty. MTUS guidelines page 64-66 recommend muscle relaxants as a short course of therapy. Page 66 specifically discusses Tizanidine and supports it for low back pain, myofascial and fibromyalgia pain. In this case, none of the reports discuss this medication except the request. The patient does present with low back pain for which this medication may be indicated. However, the current request is for Tizanidine #60 with 2 refills. MTUS page 60 require recording of pain and function when medications are used for chronic pain. The request IS NOT medically necessary.

Norco 325mg-5mg tablet #120 x 2 refills for the lumbar region: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12 ed. McGraw Hill, 2010. Physician's Desk Reference, 68th ed www.RxList.com. ODG Workers Compensation Drug Formulary www.odg-twc.com/odgtwc/formulary.htm - drugs.com Epocrates Online, www.online.epocrates.com, Monthly Prescribing Reference, www.empr.com, Opioid Dose Calculator - AMDD Agency Medical Directors' Group Dose Calculator, www.agencymeddirectors.wa.go.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 88, 89 76-78.

Decision rationale: The patient presents with pain and weakness in his neck, lower back and left knee. The request is for Norco 325/5MG #120 WITH 2 REFILLS FOR THE LUMBAR REGION. Per 01/21/15 progress report, the patient is currently taking simvastatin, carisoprodol, amitriptyline, duloxetine, levothyroxine and clonazepam. "Norco and Soma provide about 50% temporary decrease in the pain level. The average pain is rated at 5/10-7/10 in the pain scale." The patient is working with modified duty. Regarding chronic opiate use, MTUS guidelines page and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS guidelines page 90 states that "Hydrocodone has a recommended maximum dose of 60mg/24 hours." In this case, the treater discusses analgesia but the treater does not address all 4 A' including ADL's, adverse side effects and adverse behavior as required by MTUS guidelines. No specific ADL changes are noted showing significant functional improvement. No before/ after pain scales are provided. No outcome measures are provided as required by MTUS. Furthermore, per the 03/06/15 report after the utilization review letter determination, "the patient showed inappropriately negative urine drug screen for opiates and soma metabolites. Therefore, [the treater does not] recommend narcotic medications for him." The request IS NOT medically necessary.