MAXIMUS Federal Services

Case Number:	CM15-0070265		
Date Assigned:	05/26/2015	Date of Injury:	06/05/1998
Decision Date:	06/29/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/14/2015

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: Internal 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 64 year old female who sustained an industrial injury on 06/05/98. Initial complaints and diagnoses are not available. Treatments to date include medications, heat/cold, TENS, chiropractic care, bilateral carpal tunnel release, and physical therapy, as well as epidural steroid injections which provided 50% relief for 2 months. Diagnostic studies include MRIs of the lumbar and cervical spines, lumbar spine x-rays, and electrodiagnostoic studies. Current complaints include neck and low back pain with radiculopathy, and left hand numbness. Current diagnoses include cervical and lumbar degenerative disc disease, carpal tunnel syndrome, and fibromyalgia. In a progress note dated 03/04/15 the treating provider reports the plan of care as psychological clearance for a spinal cord stimulator, a second lumbar epidural steroid injection, continued stretching and strengthening exercises taught in physical therapy, and medications including Norco, Tizanidine, Neurontin, and Ambien. The requested treatments are Norco and Tizanidine. Documentation shows that the injured worker has been on Tizanidine and Norco since at least 09/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription For Norco 10/325mg #150: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page 74-96. Hydrocodone/Acetaminophen Page 91.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. Do not attempt to lower the dose if it is working. Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The pain management progress report dated 3/4/15 documented that the patient is a 64 year old female who is complaining of neck pain which radiates down both upper extremities to her elbows. She is complaining of low back pain which radiates down the lateral and posterior aspect of both lower extremities to her feet. She is also complaining of multiple tender points. She has a history of carpal tunnel syndrome. The left hand is numb whereas the right hand is doing well. On physical examination, there is tenderness in the midline of the cervical spine. There is tenderness in the midline of the lower lumbar spine. There is a sensory deficit to light touch in the left arm. Motor function in the left upper extremity is modestly reduced. There is a sensory deficit to light touch in the left lower extremity. Motor function in the left lower extremity is modestly reduced. The straight leg-raising test is positive bilaterally. Medical records documented objective evidence of pathology on MRI magnetic resonance imaging studies. Medical records document objective physical examination findings. Medical records document regular physician clinical evaluations and monitoring. Per MTUS, Hydrocodone / Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The request for Norco (Hydrocodone/Acetaminophen) is supported by the MTUS guidelines. Therefore, the request for Norco 10/325 mg is medically necessary.

1 Prescription For Tizanidine 4mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Muscle Relaxants Page 63-66.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) address muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines (Page 63-66) addresses muscle relaxants. Muscle

relaxants should be used with caution as a second-line option for short-term treatment. Zanaflex (Tizanidine) is associated with hepatotoxicity. Liver function tests (LFT) should be monitored. The pain management progress report dated 3/4/15 documented that the patient is a 64 year old female who is complaining of neck pain which radiates down both upper extremities to her elbows. She is complaining of low back pain which radiates down the lateral and posterior aspect of both lower extremities to her feet. She is also complaining of multiple tender points. She has a history of carpal tunnel syndrome. The left hand is numb whereas the right hand is doing well. On physical examination, there is tenderness in the midline of the cervical spine. There is tenderness in the midline of the lower lumbar spine. There is a sensory deficit to light touch in the left arm. Motor function in the left upper extremity is modestly reduced. There is a sensory deficit to light touch in the left lower extremity. Motor function in the left lower extremity is modestly reduced. The straight leg-raising test is positive bilaterally. Medical records document the use of NSAIDs. Per MTUS, using muscle relaxants in combination with NSAIDs has no demonstrated benefit. Medical records document the long-term use of Zanaflex (Tizanidine). MTUS guidelines do not support the long-term use of muscle relaxants. ACOEM guidelines do not recommend long-term use of muscle relaxants. The request for Zanaflex (Tizanidine) is not supported by MTUS and ACOEM guidelines. Therefore, the request for Tizanidine is not medically necessary.