

Case Number:	CM15-0096689		
Date Assigned:	05/27/2015	Date of Injury:	01/23/2012
Decision Date:	06/25/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/19/2015

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, Indiana, New York
 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 52-year-old male who sustained an industrial injury on 01/23/12. Initial complaints and diagnoses are not available. Treatments to date include medications, rest, physical therapy, a lumbar epidural steroid injection, and a subacromial injection. Diagnostic studies include a MRI of the left shoulder and lumbar spine on 10/16/14. The MRI of the left shoulder showed a flat acromion, laterally down sloping, and osteoarthritis of the acromioclavicular joint. The lumbar spine MRI showed multilevel disc protrusions and desiccations, and an annular tear at L5-S1. Current complaints include burning left shoulder pain, left elbow pain, and stabbing low back pain. Current diagnoses include head injury, cervical strain, multilevel lumbar disc desiccation and bulging with bilateral neuroforaminal stenosis, annular tear at the L5-S1 level with bilateral lower extremity radiculitis, and left shoulder impingement with acromioclavicular joint pain. In a progress note dated 04/15/15, the treating provider reports the plan of care as acupuncture and medications including Tizanidine, and Norco. The requested treatments include Norco and Tizanidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4 mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants, antispasticity/antispasmodic drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxers Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxers.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tizanidine 4 mg #60 with two refills is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are head injury by history; cervical strain; multilevel lumbar disc desiccation and bulging with bilateral neuroforaminal stenosis; annular tear L5-S1 with bilateral lower extremity radiculitis; and left shoulder impingement with acromioclavicular joint pain. The earliest progress note in the medical record is dated August 27, 2014. The progress note indicates the treating provider prescribed Tizanidine 4mg in conjunction with diclofenac, tramadol and hydrocodone. Subsequent progress notes starting with October 22, 2014 indicates the treating provider prescribed Flexeril in conjunction with Motrin, Ultram, Norco and Prilosec. There is no further documentation of Tizanidine. The March 12, 2015 progress note and May 16, 2015 progress note did not contain a current medication indicating Tizanidine 4 mg was prescribed. Cyclobenzaprine was documented in the record. The request for authorization is dated April 30, 2015. Additionally, muscle relaxants are recommended for short-term (less than two weeks). The treating provider exceeded the recommended guidelines in starting Tizanidine 4mg and continuing through August 2014 (approximately 9 months). Consequently, absent clinical documentation showing ongoing Tizanidine 4mg after the August 27, 2014 progress note, objective functional improvement to support ongoing Tizanidine, a clinical indication and rationale for both Cyclobenzaprine and Tizanidine, Tizanidine 4 mg #60 with two refills is not medically necessary.

Norco 10/325 mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg # 45 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be

prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are head injury by history; cervical strain; multilevel lumbar disc desiccation and bulging with bilateral neuroforaminal stenosis; annular tear L5-S1 with bilateral lower extremity radiculitis; and left shoulder impingement with acromioclavicular joint pain. The earliest progress note in the medical record is dated August 27, 2014. The progress note indicates the treating provider prescribed Tizanidine 4mg in conjunction with diclofenac, tramadol and hydrocodone. Subsequent progress notes starting with October 22, 2014 indicates the treating provider prescribed Norco in conjunction with Motrin, Ultram, Flexeril and Prilosec. Norco was continued from August 27, 2014 through May 16, 2015. There is no documentation demonstrating objective functional improvement to support ongoing Norco 10/325 mg. There were no risk assessments in the medical record. There are no detailed pain assessments in the medical record. There is no attempt at weaning Norco 10/325 mg. Consequently, absent compelling clinical documentation with evidence of objective functional improvement to support ongoing Norco 10/325 mg, ongoing risk assessments and detailed pain assessments and an attempt at weaning, Norco 10/325mg # 45 is not medically necessary.