

Case Number:	CM13-0004339		
Date Assigned:	12/11/2013	Date of Injury:	09/02/2011
Decision Date:	01/14/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	07/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Disease and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 53-year-old male who reported an injury on 09/02/2011. The patient underwent spinal surgery followed by postsurgical care to include physical therapy and medications. The patient continued to have discogenic pain. The patient's most recent physical exam findings included a negative straight leg raising test bilaterally, restricted range of motion of the lumbar spine described as 45 degrees in flexion and 10 degrees in extension restricted secondary to back pain. It was noted that the patient benefited from occasional mild medication. The patient's treatment plan included continuation of mild medications, and continuation of performance of the patient's normal job duties.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for tizanidine comfort pac #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Occupational and Disability Guidelines..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) and Salicylate topicals Page(s): 63 & 105.

Decision rationale: The requested tizanidine comfort pac #2 is not medically necessary or appropriate. The patient does have continued deficits that would benefit from medication

management. However, California Medical Treatment Utilization Schedule does not recommend the extended use of muscle relaxants. Additionally, California Medical Treatment Utilization Schedule states medications for the management of chronic pain should be supported by documented pain relief and functional benefit. The clinical documentation submitted for review does not provide any evidence that the patient received any functional benefit or pain relief from the prior prescription of a tizanidine comfort pac. Also, California Medical Treatment Utilization Schedule does not recommend the use of topical analgesics as they are largely experimental and not supported by scientific evidence. However, the clinical documentation submitted for review does not indicate that the patient's pain is related to a degenerative condition. Additionally, the continued use is not supported by functional benefit or pain relief. As such, the requested tizanidine comfort pac #2 is not medically necessary or appropriate.

Request for prescription Ultracet 325 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.20-9792.26. Decision based on Non-MTUS Citation ODG-TWC: Pain: Muscle Relaxants/Topical analgesics, compounded/ Opioids Chronic Use and Opioid use, ongoing monitoring.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic Pain, Tramadol Page(s): 60 & 93.

Decision rationale: The requested Ultracet 325 mg #120 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has persistent low back pain that would benefit from medication management. California Medical Treatment Utilization Schedule states that medications used in the treatment of chronic pain are supported by an assessment of pain relief and functional benefit. The clinical documentation submitted for review did not include a medication list. It is indicated that the patient benefits from occasional mild medications. The clinical documentation does not clearly identify why over-the-counter medications cannot meet the needs of this patient's pain levels. Therefore, it is unclear why the patient would need to be prescribed Ultracet 325 mg. The clinical documentation submitted for review does not provide any evidence of significant pain or significant functional deficits that would require this type of medication. As such, the requested Ultracet 325 mg #120 is not medically necessary or appropriate.