MAXIMUS Federal Services

Case Number:	CM13-0006820		
Date Assigned:	12/04/2013	Date of Injury:	06/01/2008
Decision Date:	02/11/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	08/05/2013

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 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 injured employee was thrown against a cabinet by a large tire on June 4, 2008, causing pain to low back, right knee and left shoulder. He was placed off work and received one month of physical therapy without benefit. He was referred to separate physicians for shoulder and knee and for low back injuries. MRI of right knee showed moderate chondromalacia and no frank tears. MRI of left shoulder showed partial supraspinatus tears. He underwent arthroscopy, partial meniscectomies and debridement of the right knee, and left rotator cuff repair in 2010. MRI of lumbar spine showed L5-S1disc degeneration with left herniation, bilateral foramenal stenosis and mild to moderate facet arthropathy. He underwent hemilaminectomy, foraminotomy and subtotal discectomy April 14, 2009. He received one epidural steroid injection before and one following surgery. Right knee MRI in 2011 showed moderate chondromalacia. He was referred for pain management early in the course of treatment and was treated with Vicodin ES PRN, and Zanaflex BID. In 2010 concern for acetaminophen overdose due to excessive Vicodin ES use (260 in December) led to reduction in prescription with a trial of tramadol. Medications were otherwise unchanged throughout treatment course. Approval was denied in June 2013; Vicodin ES was reduced from 110 to 70, Zanaflex from 60 to 30 for one month for weaning. Valium 10 mg, frequency not stated was then added. Further Vicodin ES and Zanaflex were denied in July 2013.The worker was restricted from all work from the time of injury through June or July of 2013. He was released to light duty August 7, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin ES 7.5/750 mg #110 with one (1) refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 108-114.

Decision rationale: The California MTUS Guidelines for opioid use to treat chronic pain recommend discontinuation if there is no overall functional improvement, measured by ongoing functional assessments including daily and work activities. Guidelines recommend referral to a multidisciplinary pain clinic if pain does not resolve within three months. In the treatment of chronic low back pain, guidelines suggest reassessment and consideration of alternative therapy given failure to respond to a limited time course, noting that efficacy is limited when used for more than sixteen weeks. Discontinuation is recommended if there is no overall functional improvement or response to pain. Continuation is considered appropriate when a patient is able to return to work. The injured worker has continued to complain of significant pain despite ongoing opiate prescription. At the time of this appeal, the injured worked had not returned to work. There is no record of the result of his return to work since this appeal. There is no record of a home exercise or activity program or other progressive functional activity. Therefore the requested treatment is not medically necessary.

Zanaflex 2 mg #60 with one (1) refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 100.

Decision rationale: Tizanidine is used for spasticity. While not an approved FDA indication, MTUS guidelines report that eight studies show efficacy for low back pain. As an antispasmodic, effects are described as comparable to diazepam without the same side effect profile. According to MTUS guidelines, it has been recommended as a first line treatment for the condition. MTUS guidelines state no recommended duration of treatment. Therefore the requested treatment is medically necessary.