

Case Number:	CM13-0020398		
Date Assigned:	10/11/2013	Date of Injury:	10/07/2003
Decision Date:	01/28/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/04/2013

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 Anesthesiology has a subspecialty in Acupuncture and Pain 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:

This is a 51year old male injured worker with date of injury 10/7/03. He is diagnosed with chronic bilateral hip pain, cervical spine radiculopathy, and lower extremity paresthesias. The injured worker has been treated with medications including opiates and muscle relaxants, aquatic therapy, and home exercise program, in addition to acupuncture. The date of UR decision was 8/16/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4 mg #30 with two (2) refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodic Drugs Page(s): 63 and 66.

Decision rationale: Per the Chronic Pain Medical Treatment Guidelines, page 66 "Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. (Malanga, 2008) Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors

recommended its use as a first line option to treat myofascial pain. (Malanga, 2002) May also provide benefit as an adjunct treatment for fibromyalgia." According to MTUS "Muscle relaxants (for pain) Recommended non-sedating muscle relaxants with caution as second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." The injured worker has been treated with Tizanidine since at least 11/27/12, no spasms are documented in any medical records beyond 8/2/13, nor is there any documentation about its efficacy or change in functional improvement. Because the efficacy of this medication diminishes over time, and its prolonged use may lead to dependence, the request is not medically necessary.

Codeine 30 mg #60 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): 74.

Decision rationale: Per the Chronic Pain Medical Treatment Guidelines, page 74, codeine is an opiate medication. The MTUS has a detailed list of recommendations for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and these recommendations do appear to have been addressed by the treating physician in the documentation available for review. Between progress reports dated 3/29/13, 6/12/13, and 8/2/13, the injured worker's pain in the lumbar spine, R hip and L hip remained between 6-8 out of 10. The documentation provides no indication of the patient's decreased pain, increased level of function, or improved quality of life. As such, continuing the use of codeine is not appropriate; the request is not medically necessary.

Tramadol 50 mg #180 with two (2) refills: 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): 74.

Decision rationale: The Chronic Pain Medical Treatment Guidelines page 93 "Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is not classified as a controlled substance by the DEA." The MTUS has a detailed list of recommendations for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and these recommendations do appear to have been addressed by the treating physician in the

documentation available for review. Between progress reports dated 3/29/13, 6/12/13, and 8/2/13, the injured worker's pain in the lumbar spine, R hip and L hip remained between 6-8 out of 10. The documentation provides no indication of the patient's decreased pain, increased level of function, or improved quality of life. As such, continuing the use of Tramadol is not appropriate; the request is not medically necessary.

Urinalysis: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines cites frequent random urine toxicology screens as a step to avoid misuse of opioids, in particular, for those at high risk of abuse. Urinalysis was completed 10/10/12 and 2/5/13. This patient is currently utilizing multiple opioid analgesics in the management of chronic pain. The most recent urine drug screen was performed on 2/5/13 and was indicated to be normal. Documents submitted do not demonstrate any aberrant drug taking behaviors which may place the patient at high risk for abuse or misuse of the current medications. The recommended frequency for urine drug screen is twice yearly. The previous urinalysis was nearly one year ago, thus another screening is recommended at this time, this request is appropriate and medically necessary