

Case Number:	CM13-0030887		
Date Assigned:	11/27/2013	Date of Injury:	08/15/2001
Decision Date:	01/23/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/02/2013

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 Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas. 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 45-year-old male who reported an injury on 08/15/2001. The patient is currently diagnosed with lumbar post laminectomy L4-5 and L5-S1 fusion, long-term use of other medications, lumbar radiculitis, and chronic pain syndrome. The patient was recently evaluated on 10/24/2013. The patient was status post spinal surgery on 10/16/2013. A physical examination was not provided. The treatment recommendations included continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg four (4) times a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. A baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the clinical

notes submitted, the patient has continuously utilized this medication. Despite the ongoing use, the patient continues to report high levels of pain. The patient reported 7/10 pain with medications. A satisfactory response to treatment has not been indicated by a decrease in pain level, increase in functional level, or improved quality of life. Therefore, ongoing use cannot be determined as medically appropriate. As such, the request is non-certified.

Tizanidine 4mg three (3) times a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Section Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second-line options for short-term treatment of acute exacerbations in patients with chronic low back pain. However, in most cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. As per the clinical notes submitted, the patient has continuously utilized this medication. The latest physical examinations do not document palpable muscle spasm or muscle tension that would warrant the need for a muscle relaxant. Furthermore, there is no indication this patient has failed to respond to first-line treatment prior to the initiation of a second-line muscle relaxant. A satisfactory response to treatment has not been indicated. Based on the clinical information received, the request is non-certified.