

Case Number:	CM13-0036210		
Date Assigned:	12/13/2013	Date of Injury:	08/23/2005
Decision Date:	08/01/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/18/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/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 worker is a 44-year-old female who was reportedly injured on August 23, 2005. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated June 4, 2014, indicated that there were ongoing complaints of cervical spine pain with right upper extremity radicular symptoms. Current medications were stated to provide acceptable pain control and provide improved quality of life. Pain level was stated to be 8/10 without medications and 4/10-5/10 with medications. Current medications were stated to include Abilify, imipramine, oxycodone, OxyContin, tizanidine and Wellbutrin. No adverse effects were noted. The physical examination demonstrated multiple tender points at the base of the neck and upper trapezius, posterior shoulders, and upper thoracic spine. Previous treatment included a C7-C8 fusion and laminectomy, a C6 carpectomy, hardware removal and C5-C7 fusion. A request had been made for Neurontin, Soma, oxycodone, OxyContin, Lidoderm and tizanidine and was not certified in the pre-authorization process on October 4, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350MG QID: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

Decision rationale: The California Medical Treatment utilization Schedule states that muscle relaxants such as Soma are second line options for the short-term treatment of acute exacerbations of chronic low back pain. The California MTUS also recommends against the use of Soma and indicates that it was not recommended for long-term use. Based on the clinical documentation provided, the clinician did not provide rationale for deviation from the guidelines. Additionally, a dosage prescribed at four times a day does not indicate episodic usage. As such with very specific recommendation of the California MTUS against the use of this medication, this medication is not medically necessary.

Oxycodone 30mg 1 At Bedtime And Every 6 Hrs As Needed For Breakthrough Pain:
Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: According to the medical record provided, there was objective pain relief with the use of oxycodone without any known side effects. Additionally, the medical record stated that this medication helped the injured employee with her function and activities of daily living. There was a signed pain contract with no abnormal findings on urine drug screens. For these reasons, this request for oxycodone is medically necessary.

Oxycontin 80MG ER: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: According to the medical record provided, there was objective pain relief with the use of oxycodone without any known side effects. Additionally, the medical record stated that this medication helped the injured employee with her function and activities of daily living. There is a pain contract and no abnormal findings on urine drug screens. For these reasons this request for Oxycontin is medically necessary.

Lidoderm 5% Topical, Apply to Area of Pain for 24 Hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56.

Decision rationale: The California Medical Treatment Utilization Schedule supports the use of topical lidocaine for individuals with neuropathic pain who have failed treatment with first-line therapy including antidepressants or anti-epilepsy medications. Based on the clinical documentation provided, the injured employee did have any radicular complaints, but there were no radicular findings on physical examination. As such, the request for Lidoderm is considered not medically necessary.

Tizanidine 6mg 102 Q6h Prn Muscle Spasm: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Spasticity/Anti-spasmodic drugs Page(s): 66.

Decision rationale: Tizanidine is a centrally acting alpha-2 adrenergic agonist that is FDA approved for management of spasticity. It is unlabeled for use in low back pain. Muscle relaxants are only indicated as 2nd line options for short-term treatment. This request is for tizanidine to be used on an as needed basis. This request for tizanidine is medically necessary.