

Case Number:	CM13-0048212		
Date Assigned:	12/27/2013	Date of Injury:	03/13/2007
Decision Date:	02/25/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/05/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 female patient with a date of injury of 3/13/07. A utilization review determination dated 10/28/13 recommends non-certification of OxyContin and Tizanidine. A progress report dated 9/3/13 identifies subjective complaints including continued "LBS" pain with no improvement, chronic back pain, worse when standing, sitting, lifting, and bending over. Objective examination findings identify spasm with cramping and intermittent paralysis, no problems with falling, radiation to bilateral legs. Diagnoses include LBS strain/sprain lower back and degeneration of intervertebral disc. Treatment plan recommends OxyContin and Tizanidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

OxyContin 40mg six (6) month supply: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79.

Decision rationale: Regarding the request for OxyContin, California Pain Medical Treatment Guidelines state that OxyContin is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional

improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the OxyContin is improving the patient's function or pain, no documentation regarding side effects, and no discussion regarding aberrant use. In the absence of such documentation, the currently requested OxyContin is not medically necessary.

Tizanidine 2mg/4mg six (6) month supply: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Regarding the request for Tizanidine, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Tizanidine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines, but rather for long-term treatment. In the absence of such documentation, the currently requested tizanidine is not medically necessary.