

Case Number:	CM13-0056681		
Date Assigned:	12/30/2013	Date of Injury:	11/16/2012
Decision Date:	05/06/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/22/2013

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 & Rehabilitation and is licensed to practice in Illinois. 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 48-year-old female who reported an injury on 11/16/2012. The injured worker was reportedly injured while working as a cashier for [REDACTED] while lifting a heavy case of water. The injured worker experienced pain in her back, right shoulder and left lower extremity and reported having pain in her upper extremities. The injured worker subsequently underwent hand surgery in 11/2013 and received pain medication, physical therapy, and exercise program, and chiropractic treatments. The injured worker's primary medical history indicates the patient has anxiety, depression, and underwent cesarean section in 1986, and carpal tunnel release (twice) to the right hand, ganglion cyst removal of the right hand, tonsillectomy, and a recent surgery for the right thumb trigger finger release on 11/06/2013. On 12/10/2013, the injured worker was evaluated as a part of an Interdisciplinary Assessment at the Health Education for Living with Pain Program to determine whether or not she was an appropriate candidate for participating in an interdisciplinary pain rehabilitation program.

IMR ISSUES, DECISIONS AND RATIONALES

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

EVALUATION WITH HELP- HEALTH EDUCATION FOR LIVING WITH PAIN PROGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR THE GENERAL USE OF MULTIDISCIPLINARY PAIN MANAGEMENT
PROGRAMS Page(s): 31-32.

Decision rationale: According to California MTUS Guidelines, criteria for the general use of multidisciplinary pain management programs includes patients who have had an adequate and thorough evaluation with previous methods of treating chronic pain having been unsuccessful and an absence of other options likely to result in significant clinical improvement. A patient must also have a significant loss of ability to function independently resulting from their chronic pain and not be a candidate where surgery or other treatments will clearly be warranted. The patient must also exhibit motivation to change and should be willing to forgo secondary gains which can include disability payments to affect this change. There also must be any negative predictors of success above having been addressed. Regarding the request, the injured worker has already undergone an evaluation for the HELP Program (Health Education for Living with Pain Program). Therefore, an additional evaluation is not considered medically necessary. As such, the requested service is non-certified.

TIZANIDINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
ANTISPASTICITY/ANTISPASMODIC DRUGS Page(s): 66.

Decision rationale: Regarding the second request for Tizanidine, California MTUS Guidelines have indicated that this medication has been demonstrated to provide efficacy for low back pain. The injured worker has been utilizing this medication since at least 2012, for continued chronic pain relief. However, the physician has failed to indicate the number of tablets, frequency and duration for the use of this medication. Therefore, the requested service cannot be supported at this time. As such, the requested Tizanidine is not medically necessary and appropriate.