MAXIMUS Federal Services

Case Number:	CM13-0064629		
Date Assigned:	01/17/2014	Date of Injury:	04/22/2009
Decision Date:	05/20/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/12/2013

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 Family Practice, 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 injured worker is a 66-year-old male who reported an injury on 04/22/2009. The mechanism of injury was not provided for review. The injured worker's treatment history included physical therapy, activity modifications, and multiple medications and epidural steroid injections. The injured worker was evaluated on 11/07/2013. The injured worker's medication schedule included Percocet 10/325 mg, tizanidine 4 mg, and Gabapentin 600 mg. The injured worker's physical evaluation documented paravertebral musculature spasming and tenderness in the low back region. The injured worker's diagnoses included postlaminectomy pain syndrome, facetogenic pain, and axial low back pain. The injured worker's treatment plan included continuation of medications, medial branch blocks, and a repeat urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

TIZANIDINE 4MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION MUSCLE RELAXANTS (FOR PAIN) Page(s): 63.

Decision rationale: The requested TIZANIDINE 4MG #60 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not support the use of muscle relaxants in the management of chronic pain. The California Medical Treatment Utilization Schedule recommends that injured workers be prescribed muscle relaxants for short durations of treatment not to exceed 2 weeks to 3 weeks for acute exacerbations of chronic pain. The clinical documentation submitted for review does indicate that the injured worker has been on a muscle relaxant since at least 02/2013. Additionally, there is no documentation of functional benefit or pain relief as a result of medication usage. Therefore, the need to continue this medication is not clearly established. Also, the request as it is submitted does not include a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested TIZANIDINE 4MG #60 is not medically necessary or appropriate.

GABAPENTIN 600 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION MEDICATIONS FOR CHRONIC PAIN, ANTI-EPILEPTICS Page(s): 16.

Decision rationale: The requested GABAPENTIN 600MG #60 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends anticonvulsants as a first line treatment in the management of chronic neuropathic pain. The clinical documentation submitted for review does not clearly indicate that the injured worker's chronic pain is neuropathic in nature. Additionally, California Medical Treatment Utilization Schedule recommends medications used in the management of chronic pain be supported by documentation of functional benefit and evidence of pain relief. The clinical documentation submitted for review does not provide a quantitative assessment of pain relief or any evidence of functional benefit. Therefore, the need for continued use of this medication is not clearly established. Also, the request as it is submitted does not include a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested GABAPENTIN 600MG #60 is not medically necessary or appropriate.