

Case Number:	CM13-0067086		
Date Assigned:	01/03/2014	Date of Injury:	01/26/2011
Decision Date:	06/04/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/17/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 55-year-old male who reported injury on 01/26/2011. The mechanism of injury was the injured worker fell off an 8-foot ladder at work and hit his head on a metal table with loss of consciousness. The medication history included Tizanidine and Senokot as of 10/09/2013. The diagnoses included status post closed head injury/contusion, cervical spine sprain/strain with cervical spondylosis and radiculopathy at C6, left wrist sprain/strain, lumbar spine sprain/strain, and depression/anxiety secondary to pain, as well as insomnia secondary to chronic pain. The documentation of 11/06/2013 revealed the injured worker had improvement in muscle spasms with the use of Tizanidine. The injured worker had complaints of symptomatic neck, low back, and bilateral knee pain. It was indicated previous treatments included physical therapy for his neck and knee, a cervical epidural steroid injection, a bilateral L4-5 and L5-S1 facet medial branch nerve block, and a subsequent rhizotomy. It was indicated the injured worker had found Tizanidine to helpful twice a day for acute muscle spasms, and the injured worker was using ibuprofen up to 3 times a day for its anti-inflammatory effect and Senokot daily for opioid-induced constipation. The other medications that had been prescribed were MS Contin and Norco. The physical examination revealed 1+ muscle spasms in the lumbosacral area. The treatment plan included continuation of medications, including MS Contin, Norco, ibuprofen, Tizanidine, and Senokot. The injured worker indicated that he had improvement with spasms due to the Tizanidine. With the Tizanidine, the injured worker was able to increase his activity level and had been able to participate in activities of daily living. The injured worker previously failed Soma. The request again was made for Tizanidine 4 mg for acute muscle spasms and myofascial low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

SENOKOT-S #30: 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 INITIATION OF OPIOID THERAPY Page(s): 77.

Decision rationale: The California MTUS Guidelines recommend when initiating opioid therapy, there should be prophylactic treatment of constipation. The clinical documentation submitted for review indicated the injured worker had constipation. The duration of use had been more than 2 months. However, there was a lack of documentation of the efficacy of the requested medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Senokot-S #30 is not medically necessary.

TIZANIDINE 4MG #60: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second-line option for the short-term treatment of low back pain, and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation indicated the injured worker had been utilizing the medication for greater than 2 months. The clinical documentation submitted for review indicated the injured worker had documented objective improvement. However, the medication is not supported for long term usage. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Tizanidine 4 mg #60 is not medically necessary.