

Case Number:	CM14-0012492		
Date Assigned:	02/21/2014	Date of Injury:	09/04/2003
Decision Date:	06/26/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	01/30/2014

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 Occupational Medicine 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 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:

Patient is a 48 year-old male with date of injury 09/04/2003. The medical record associated with the request for authorization, a primary treating physician's follow-up report, dated 01/24/2014, lists subjective complaints as low back pain with associated numbness and weakness to the left foot. Patient describes the pain as knifelike, stabbing, and sharp. Pain is worsened by walking, sitting, standing, bending and twisting. Patient underwent a laser discectomy of L3-4, L4-5 and L5-S1 in 2003. Objective findings: Examination of the lumbosacral spine revealed no facet, sacroiliac, or piriform tenderness. No paravertebral spasm was noted but there was decreased range of motion without pain. Diagnosis: 1. Low back pain 2. Lumbosacral radiculitis 3. S/P lumbar discectomy. There was no evidence in the medical records provided for review to document that the patient had been prescribed Tizanidine before the request for authorization. Patient has been taking Seroquel for at least as far back as 04/04/2012. Medications: 1. Tizanidine HCL 4mg #60, SIG: 1 tablet BID for muscle spasm 2. Seroquel tablets 100mg #60, SIG: 1-2 tablets QHS for sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT TIZANIDINE HCL 4MG, #60, 1 REFILL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 66

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

Decision rationale: Muscle relaxants are recommended with caution only on a short-term basis. The patient has been previously provided with tizanidine 4 mg #60. There is no documentation in the medical record that demonstrates the need to go outside the MTUS and extend the course of a muscle relaxant. Urgent Tizanidine HCL 4mg, #60, 1 refill is not medically necessary.

URGENT SEROQUEL TABLETS 100MG #60, 1 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Anxiety medications in chronic pain

Decision rationale: Seroquel has been prescribed as a sleep aid for this patient. The MTUS is silent, but the Official Disability Guidelines state that atypical antipsychotic such as Seroquel can sometimes be recommended as a second-line agent in the treatment of anxiety disorders which sometimes produce poor sleep. There is no documentation that the patient carries a diagnosis of anxiety disorder. Other uses for Seroquel are for treating schizophrenia and bipolar disorder, neither of which the patient suffers from based on the medical record. Therefore the request for urgent Seroquel tablets 100mg #60, 1 refill is not medically necessary.