

Case Number:	CM14-0130296		
Date Assigned:	08/20/2014	Date of Injury:	11/11/1985
Decision Date:	10/03/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/14/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 female who was reportedly injured on November 11, 1985. The mechanism of injury was noted as a slip and fall type event. The most recent progress note dated July 14, 2014, indicated that there were ongoing complaints of increased low back pain. The physical examination demonstrated the injured worker in no acute distress, crying, and wearing a self-assured lumbar brace. There was tenderness to palpation from L3 through S1. A marked decrease in lumbar spine range of motion was also reported. Decreased sensation was noted on the medial aspect of the foot. Motor function was 5/5 bilaterally. Diagnostic imaging studies were not reported. Previous treatment included multiple medications, physical therapy, and pain management interventions. A request was made for multiple medications and was not certified in the pre-authorization process on July 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg: 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: As outlined in the California Medical Treatment Utilization Schedule, this is a centrally acting alpha-2 antiepileptic agonist that is approved for management of spasticity. This medication is unlabeled for the use of low back pain. While noting that the injured employee is in fact taking all the medications prescribed, the physical examination (albeit limited) reported did not indicate any spasticity or clinical need for this medication. Therefore, based on the parameters noted in the California Medical Treatment Utilization Schedule and by the physical examination findings reported, there is no clear clinical indication presented to support the medical necessity of the ongoing use of this medication.

Genetic testing (Molecular pathology): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain (chronic) chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42.

Decision rationale: As noted in the California Medical Treatment Utilization Schedule, this type of testing to establish appropriate sub medication is not recommended. There is some research, but it is not significant enough to establish the medical necessity of this testing.