

Case Number:	CM14-0169068		
Date Assigned:	10/23/2014	Date of Injury:	09/24/2004
Decision Date:	11/21/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/14/2014

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 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:

The injured worker is a 65-year-old male who sustained an injury on September 24, 2004. He is diagnosed with status post lumbar fusion surgery with failed back syndrome with secondary continued pain. He was seen on September 29, 2014 for an evaluation. He had received Botox injections approximately two to three years ago, which have always been highly effective for reducing his muscle spasms and helping him to become more functional with activities of daily living. The examination of the lumbar spine revealed palpable hypertonicity in the bilateral paralumbar muscles with tenderness. The range of motion was limited. Strength and sensation were intact in the lower extremities but muscle testing did reproduce low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription of Tizanidine: 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 Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The request for tizanidine is considered not medically necessary at this time. Per the Chronic Pain Medical Treatment Guidelines, tizanidine is a centrally acting alpha2-

adrenergic agonist that is Food and Drug Administration approved for management of spasticity; unlabeled use for low back pain. Based on the reviewed medical records, clinical findings were evident for presence of hypertonicity, which would warrant the need for Tizanidine. However, since the original request indicates an unknown prescription and dosage amount the request is not medically necessary.

Three (3) prescriptions of MS Contin 100mg: 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 Opioids, criteria for use Page(s): 76-80.

Decision rationale: The request for MS Contin 100 mg is not considered medically necessary at this time. There was no indication of contraindications for use of first-line medications for pain or whether the injured worker failed a trial of non-opioid analgesics. It has also been determined from the reviewed medical records that the injured worker has been taking this medication since 2010. The Chronic Pain Medical Treatment Guidelines do not support the use of opioids on a long-term basis, especially without documentation of objective functional improvement. Hence, the request for MS Contin 100 mg is not medically necessary at this time.

Three (3) prescriptions of Morphine IR 15mg #240: 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 Opioids, criteria for use Page(s): 76-80.

Decision rationale: The request for morphine immediate-release 15 mg #240 is not considered medically necessary at this time. There was no indication of contraindications for use of first-line medications for pain or whether the injured worker failed a trial of non-opioid analgesics. It has also been determined from the reviewed medical records that the injured worker has been taking this medication since July 2014. The Chronic Pain Medical Treatment Guidelines do not support the use of opioids on a long-term basis, especially without documentation of objective functional improvement. Hence, the request for morphine immediate-release 15 mg #240 is not medically necessary at this time.