

Case Number:	CM14-0023316		
Date Assigned:	05/12/2014	Date of Injury:	07/31/2012
Decision Date:	07/11/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/24/2014

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 Internal 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 patient is a 40 year old female who was injured on 07/31/2013. The mechanism of injury is unknown. The patient underwent a right L4-5 and L5-S1 facet blocks on 06/12/2013. PR2 dated 01/27/2014 indicates the patient presents with low back pain and right knee pain. She reports the Talwin helps, but it is no longer adequately controlling her pain. The tizanidine also helps and she denies any adverse effects. It helps her muscles relax so she can sleep at night. She cannot get to bed because of the spasms. She rates the pain as moderate to severe. On exam, there tenderness to palpation in the paravertebral muscles of the lumbar spine. There is hypertonicity present on the right. There is tenderness at the right L4-5 and L5-S1 facets. Positive Kemp's test for pain. Range of motion of the lumbosacral spine is decreased in all planes. Sensory exam is grossly intact and the patient can heel-toe-walk and ambulate without problems. Diagnosis is degeneration of the lumbar disc. The patient received 100% improvement with the facet blocks at L4-5 and L5-S1 for four weeks indicating the patient would be a good candidate for more injections. The patient will continue with Talwin and Tizanidine. Prior UR dated 02/06/2014 states the request for Tizanidine 4 mg #60 and Talwin #120 is non-certified based on information provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

TIZANIDINE 4MG, #60 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

Decision rationale: The CA MTUS recommends antispasmodic agents management of spasticity. The patient does have findings consistent with spasticity. However, there is insufficient documentation to show the patient has had a significant change in subjective and objective findings with the medication. It is also unclear if the patient has undergone routine LFT (Liver function tests) monitoring and how often this is being performed. It is recommended to monitor the LFTs at least 4 times within the first 6 months. There was insufficient discussion of why 2 refills without interval assessment is necessary for this patient. Based on the guidelines and criteria as well as the clinical documentation stated above, the request for Tizanidine 4mg, #60 with 2 refills is not medically necessary.

TALWIN #120 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, mixed Agonist-Antagonist.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-94.

Decision rationale: The CA MTUS recommends chronic opioid therapy for pain when specific criteria are met, including improved analgesia, no adverse effects, no aberrant behavior, improved ADLs (Activities of Daily Living). The patient continues to rate her pain as moderate to severe while on the medication. She does not appear to have significant improvement in her ADLs and continues to have moderate impairment despite Talwin use. There was insufficient discussion of why 2 refills without interval assessment is necessary for this patient. Based on the guidelines and criteria as well as the clinical documentation stated above, the request for Talwin #120 with 2 refills is not medically necessary.