

Case Number:	CM14-0036217		
Date Assigned:	08/29/2014	Date of Injury:	08/22/2006
Decision Date:	10/07/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/25/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 46 year old male injured on 08/2/2/06 due to an undisclosed mechanism of injury. Diagnoses include lumbar radiculopathy, lumbar facet arthropathy, status-post lumbar fusion, iatrogenic opioid dependency, chronic pain, and hypertension. Clinical note dated 03/13/14 indicated the injured worker presented complaining of low back pain radiating to the bilateral lower extremities aggravated by activity and walking. The injured worker rated pain at 7-8/10 with medications and 9/10 without medications. The injured worker reported use of medications was helpful for pain management. Physical examination revealed tenderness noted upon palpation in the spinal vertebral area L4-S1 levels and range of motion in the lumbar spine moderately limited secondary to pain. Medications included Suboxone 8mg-2mg BID, Clorazepate, Gabapentin 600mg BID, Tizanidine 200mg every 8 hours PRN, and Tramadol 50mg every 8 hours PRN, and Ultram ER 100mg qd. Authorization appeal dated 03/11/14 indicated opioid medication had been effective in maintenance and function and the injured worker had improvement in function compared to baseline status. The initial request for medications was non-certified on 02/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 2 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants(non sedating) Page(s): 63.

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

Decision rationale: As noted on page 63 of the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of Tizanidine 2 mg #60 cannot be established at this time. The request for Tizanidine 2 mg #60 is not medically necessary.

Suboxone 8 mg-2mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On going review and documentation of pain relief, functional statu.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. As such, Suboxone 8 mg-2mg #60 is not medically necessary at this time.

Tramadol 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On going review and documentation of pain relief, functional statu.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community

activities, and exercise able to perform as a result of medication use. As such, Tramadol 50mg #90 is not medically necessary at this time.

Tramadol ER 150 #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On going review and documentation of pain relief, functional statu.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. As such, Tramadol ER 150 #30 is not medically necessary at this time.

Clorazepate 7.5 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: As noted on page 24 of the Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Studies have shown that tolerance to its effects develops rapidly. It has been found that long-term use may actually increase anxiety. As such the request for Clorazepate 7.5 mg #30 is not medically necessary at this time.