

Case Number:	CM14-0037799		
Date Assigned:	06/25/2014	Date of Injury:	12/05/2013
Decision Date:	12/31/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	03/31/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine Pain 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 54-year-old male with date of injury of 12/05/2013. The treating physician's listed diagnoses from 02/06/2014 are: Disk bulge, lumbar spine and Foraminal stenosis. According to this report, the patient complains of intermittent, dull, and achy lumbar spine pain. The patient uses a cane for support. He also complains of muscle spasms which radiates down to his buttocks through the left leg. The patient indicates that his pain decreases when resting and taking medication. The examination of the lumbar spine shows that the patient is currently wearing his back brace. Patient reports loss of lordosis along with tenderness at the L3-S1 and bilateral posterior superior iliac spine. The 01/15/2014 report shows that the patient complains of sharp low back pain with spasm that radiates to the right leg at a pain level of 10/10. There is tenderness at the spinous process of the lumbar spine at L3, L4, L5, and S1. Tenderness was also noted in the right and left posterior superior iliac spine and paravertebral muscles. Muscle testing reveals bilaterally weak extensor hallucis longus and anterior tibialis. Lasgue's test is positive on the right. The documents include an MRI of the lumbar spine from 02/03/2014, physical therapy from 02/05/2014, and progress reports from 12/26/2013 to 03/07/2014. The utilization review denied the request on 03/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine HCL 2mg capsule QTY 30 take one capsule by mouth at bedtime: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG- TWC Pain Procedure Summary ; Tizanidine

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine; Medication for chronic pain Page(s): 63-66; 60.

Decision rationale: This patient presents with lumbar spine pain. The provider is requesting Tizanidine HCL 2-mg capsule, quantity #30; take 1 capsule by mouth at bedtime from the report, 03/07/2014. The MTUS Guidelines pages 63 to 66 states, "Tizanidine (Zanaflex, generic available) is centrally-acting alpha-2-adrenergic agonists that is FDA-approved for management of spasticity; unlabeled for low back pain...demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome." MTUS page 60 also states that for medications used for chronic pain, efficacy in terms of pain reduction and functional gains must also be documented. The records show that the patient was prescribed Tizanidine on 01/15/2014. The 02/06/2014 report notes, "Patient indicates his pain decreases when resting and taking medicine." In this case, the provider has noted medication efficacy, and the continued use of Tizanidine is supported by the MTUS Guidelines. Therefore, this request is medically necessary.

Acetaminophen - COD #4 tablet QTY 30 take one tablet by mouth 4 -6 hrs as need for pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Acetaminophen (APAP); recommendations of opioid use for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 78, 88 and 89.

Decision rationale: This patient presents with lumbar spine pain. The provider is requesting Acetaminophen-Codeine No. 4 tablet, quantity #30, take 1 tablet by mouth 4 to 6 hours as needed for pain from the report 03/07/2014. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief.

1 Flector 1.3% Patch 60 apply patch twice daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG - TWC Procedure Summary last updated 01/07/2014; Flector patch

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics; Medication for chronic pain Page(s): 60 and 111-113.

Decision rationale: This patient presents with lumbar spine pain. The provider is requesting 1 Flector 1.3% Patch #60, apply patch twice daily from the report 03/07/2014. The MTUS Guidelines on topical analgesics pages 111 to 113 states that topical NSAIDs are recommended for peripheral joint osteoarthritis/tendinitis-type problems. These medications may be used for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. In addition, MTUS page 60 requires pain assessment and functional changes when medications for chronic pain are used. The records do not show a history of Flector patch use. Flector patch is indicated for peripheral joint osteoarthritis- and tendinitis-type problems, which this patient does not present with. Therefore, this request is not medically necessary.