MAXIMUS Federal Services

Case Number:	CM14-0049112		
Date Assigned:	07/07/2014	Date of Injury:	11/06/2007
Decision Date:	08/28/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/17/2014

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:

This 48 year old patient had a date of injury on 11/6/2007. The mechanism of injury was not noted. On a progress note dated 2/12/2014, the subjective findings included chronic neck and upper back pain, poor tolerance/endurance for prolonged static posture, bending & stoop position. On a physical exam dated 2/12/2014, the objective findings included diminished range of motion in neck & upper back, B/L pin-prick 2/2, crepitus in B/L shoulder, elbow, wrist, hands. Diagnostic impression showed cervilcalgia, joint pain, cervical spondylysisTreatment to date: medication therapy, behavioral modification, TENs unit. A UR decision dated 3/25/2014 denied the request for Tizanidine 2mg #60 on 2/13/2014, stating that it has been used since at least 2008, and guidelines support short treatment, and there was no documentation of an acute flare up. Hydrocodone/apap 10/325 #90 on 2/13/2014 was denied, stating that opioids are efficacious but limited for short term pain relief in patients with acute back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizandine HCL 2 mg # 60 dispensed on 2/13/2014: Upheld

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

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In the reports viewed, there was no evidence of an acute exacerbation of pain that would necessitate the use of tizanidine. Furthermore, the patient is documented to be on this medication since at least 2008, and guidelines do not support chronic use. Therefore, the request for Tizanidine 2mg #60 on 2/13/2014 was not medically necessary

Hydrocodone/APAP 10/325 mg # 90 dispensed on 2/13/2014: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In a progress report dated 2/12/2014, it was noted that his opioid regimen improves his pain, function, ADL and endurance. Furthermore, the urine drug screens show consistency with this medication, and it was also indicated that risk/benefits were discussed with patient. Therefore, the request for hydrocodone/apap 10/325 #90 on 2/13/2014 was medically necessary.