

Case Number:	CM14-0066415		
Date Assigned:	07/11/2014	Date of Injury:	08/25/2011
Decision Date:	08/21/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/09/2014

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, has a subspecialty in Pulmonary Diseases 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 59-year-old female who reported injury on 08/25/2011. The mechanism of injury was not provided. The documentation indicated the injured worker had been utilizing Dilaudid and tizanidine since at least 10/2013. Prior treatments include a Functional Restoration Program and physical therapy. The specific mechanism of injury was not provided. The date of request could not be established as there was no DWC Form RFA or PR-2 for the medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 66.

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

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain. Their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been utilizing the

medication for an extended period of time. There was a lack of documentation of the efficacy of the requested medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for tizanidine 4 mg #90 is not medically necessary. There was no DWC Form RFA or PR-2 submitted for the requested medication.

Dilaudid 4mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain; ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for indicated the injured worker was being monitored for aberrant drug behavior through urine drug screens and for side effects. However, there was a lack of documentation of objective functional benefit and an objective decrease in pain. The clinical documentation indicated the injured worker had utilized the medication for an extended duration of time. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Dilaudid 4 mg #120 is not medically necessary.