

Case Number:	CM14-0068842		
Date Assigned:	09/05/2014	Date of Injury:	11/08/1993
Decision Date:	10/10/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/13/2014

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 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 73 year old male injured on 11/08/93 due to an undisclosed mechanism of injury. Diagnoses include chronic low back pain, status-post L4 to S1 fusion, neuropathic pain symptoms, myofascial pain/spasm, poor sleep hygiene, hypertension, GI affect, opioid dependency, and anxiety/depression. Clinical note dated 03/19/14 indicated the injured worker presented complaining of low back pain and leg pain on the right side with no significant changes from previous visit. The injured worker rated pain at 4/10 controlled with medications. The injured worker reported ability to perform activities of daily living and function fairly well. The injured worker reported without medications he would be in bed all the time. Physical examination revealed low back pain with radicular pain right greater than left, numbness and tingling in the toes, ataxic gait without assistive device, and no new deficits. Treatment plan included continuation of current prescription regimen. Urine drug screen consistent with prescribed medications. Clinical note dated 04/08/14 indicated discussion regarding weaning of Oxycontin and addition of Norco discussed; however, remainder of clinical note was not provided for review. The initial request is non-certified on 04/10/14. 14419

IMR ISSUES, DECISIONS AND RATIONALES

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

TIZANIDINE 4MG #30: Upheld

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

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. However, the injured worker's age and length of medication use must be considered as abrupt cessation could pose a significant risk to the overall health of the injured worker. As such, tizanidine 4mg #30 is recommended as medically necessary at this time.

OXYCONTIN 10MG #60: Overturned

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

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. However, the injured worker's age and length of opioid use must be considered as abrupt cessation could pose a significant risk to the overall health of the injured worker. As such, Oxycontin 10mg #60 is recommended as medically necessary at this time.

SENNAS X 1 MONTH SUPPLY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG-TWC)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioid-induced constipation treatment

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, prophylactic constipation measures should be initiated when long-term opioid medications are to be utilized; however, there is no indication in the documentation that attempts were made and failed at first-line treatment options to include proper diet, activity modification and increased fluid intake. Additionally, there is no indication that the injured worker cannot utilize the readily available over-the-counter formulation of the medication. Additionally, current guidelines do not recommend the use of medical foods or herbal medicines. As such, the request for Senna-SX 1 month supply cannot be recommended as medically necessary.

