

Case Number:	CM14-0094005		
Date Assigned:	09/03/2014	Date of Injury:	11/02/2012
Decision Date:	10/29/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/20/2014

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:

The injured worker is a male with date of injury of 11/2/2012. Per primary treating physician's progress report dated 4/2/2014, the injured worker complains of persistent low back pain. He states the radiating symptoms into his right groin have returned back to baseline since his epidural steroid injection which was done 2/21/2014. He had about 5 good weeks of pain relief, and then it returned to baseline. We are still waiting for authorization for second opinion spine surgery consultation. He states on the current medication regimen his pain comes down from a 7/10 to a 3/10. He only takes them on an as needed basis. He does not need refills today. He is working full time and walks for exercise. There are no adverse effects from the medications. He is not running out early or requesting early refills. He is not reporting lost or stolen medications. There are no aberrant behaviors. He continues with chiropractic treatments and finds them beneficial. On examination, "no significant change" is reported. Diagnosis is low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4MG #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) section Page(s): 63, 66.

Decision rationale: Non-sedating muscle relaxants (for pain) are recommended by the MTUS Guidelines with caution for short periods for treatment of acute exacerbations of chronic low back pain, but not for chronic or extended use. Drowsiness, dizziness and lightheadedness are commonly reported adverse reactions with the use of Tizanidine. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility, but in most low back pain cases there is no benefit beyond NSAIDs. Efficacy appears to diminish over time and prolonged use may lead to dependence. This appears to be a new prescription, and there is not an explanation of why this medication is being prescribed now. A prescription providing 240 tablets does not appear to be for a short term use following an acute injury or exacerbation. Medical necessity of this request has not been established. The request for Tizanidine 4 mg #60 is determined to not be medically necessary.

Percocet 10/325MG #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section Page(s): 74-95.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The medical documentation reports that the injured worker is on chronic pain medications and he needs these medications to remain functional. The requesting physician is also taking measures to assess for aberrant behavior that may necessitate immediate discontinuation of the medications. The injured worker's opioid medication dosing has remained stable and, and he appears to be in a maintenance stage of his pain management. The request for Percocet 10/325mg #90 is determined to be medically necessary.