

Case Number:	CM14-0195811		
Date Assigned:	12/03/2014	Date of Injury:	03/12/2011
Decision Date:	04/06/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/21/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 44-year-old male reported a work-related injury on 03/12/2011. According to the progress notes dated 10/20/14, the injured worker reports low back pain that radiates down the left leg. He also reports pain in the buttocks, tail bone and bilateral feet. There were objective findings of decreased range of motion of the lumbar spine, tenderness of the lumbar paraspinal muscles and decreased sensation along the left S1 dermatome. The MRI of the lumbar spine showed multilevel disc bulge and foramina stenosis at left S1 root. The diagnoses include lumbar facet arthropathy, lumbar radiculopathy and chronic pain. Previous treatments include medications, home exercise and epidural steroid injections. The UDS report at 8/25/2014 was consistent with prescribed Tramadol. The IW is awaiting surgery on the lumbar spine. The medications listed are Tramadol, Tizanidine and Ibuprofen. The treating provider retrospectively requests Tizanidine 2mg, #180 and Tramadol 50mg, #360. The Utilization Review on 10/22/2014 non-certified the retrospective request for Tizanidine 2mg, #180 and modified the retrospective request for Tramadol 50mg, #360 to allow #30, citing CA MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS 8/25/14) pharmacy purchase Tizanidine 2mg, #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatments with NSAIDs and PT. The chronic use of muscle relaxants is associated with the development of tolerance, dependency, sedation, addiction and adverse interactions with opioids and sedative medications. The records indicate that the patient had utilized muscle relaxants longer than the guidelines recommended maximum duration of 4 to 6 weeks. There is no documentation of acute exacerbation of musculoskeletal pain or intractable muscle spasm. The criteria for the use of Tizanidine 2mg #180 DOS 8/24/2014 was not met.

Retrospective (DOS 8/25/14) pharmacy purchase Tramadol 50mg, #360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94,113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96, 111,113,119,124. Decision based on Non-MTUS Citation Official Disability Guidelines.Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of high dose opioids is associated with the development of tolerance, opioid induced hyperalgesia, addiction, sedation, dependency and adverse interactions with other sedatives. The records indicate that the patient have been utilizing high dose opioid medications for many years. The persistent high pain scores with significant subjective and objective findings can be indicative of hyperanalgesic state that can be managed with opioid rotation and or weaning. The patient is waiting lumbar surgery indicating failure of opioid medication management. There is no documentation of failure of co-analgesic utilization such as gabapentin. The criteria for the use of Tramadol 50mg #360 DOS 8/25/2014 was not met.