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| Case Number: | CM14-0211254 | | |
| Date Assigned: | 12/24/2014 | Date of Injury: | 04/16/2007 |
| Decision Date: | 02/17/2015 | UR Denial Date: | 12/04/2014 |
| Priority: | Standard | Application Received: | 12/17/2014 |

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 Internal 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 (IW) is a 46-year-old man with a date of injury of April 16, 2014. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are failed back syndrome, lumbar; intervertebral lumbar disc disease with myelopathy; radiculopathy, lumbar spine; instability, sacroiliac; and sacroiliitis. There is a single progress note dated December 15, 2014 present in the 11 pg. medical record submitted for review. Pursuant to the progress report dated December 15, 2014, the IW complains of low back pain rated 10/10. The pain is described as constant with intermittent flare-ups. The pain as aching, dull, sharp, shooting, throbbing and burning. Examination of the lumbar spine reveals tenderness in the left lumbar paravertebral regions, and sacroiliac joints. Range of motion produces pain. Faber's test is positive. Documentation indicates the IW was taking Baclofen 10mg (3/7/14), Flexeril 10mg (3/7/14), Flexeril 7.5 mg (11/18/13), and Soma 350mg (11/18/13). Documentation indicated these medications were stopped. The rationale for stopping the medication is not documented. There is no evidence of objective functional improvement associated with the ongoing use of muscle relaxants. The documentation indicates there is a history of constipation. The medical record indicates Senna has been used previously although there is no documentation to support its continued use. There is no documentation of objective functional improvement indicating whether Senna is helping constipation. The current request is for retro Tizanidine 4mg #168, and retro Senna Laxative 8.6mg-50mg #140.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Tizanidine 4mg tablet 2 tablet TID PRN #168: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63, 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retroactive Tizanidine 4 milligram two tablets TID #168 is not medically necessary. Muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time with prolonged use may lead to dependence. In this case, the medical record is 11 pages in its entirety. A single progress note dated December 15, 2014 is present in the medical record. Prior medications are notable for cyclobenzaprine 10 mg, Soma 350 mg in addition to opiates. Medications prescribed this visit (December 15, 2014) is Tizanidine 4 mg two tablets three times a day as needed, in addition to, Dilaudid, hydrocodone, MS Contin and Senna. The guidelines recommend short-term (less than two weeks) treatment of acute low back pain. The injured worker's working diagnoses are failed back syndrome, lumbar; into vertebral lumbar disc disease with myelopathy, lumbar region; instability sacroiliac and sacral ileitis. There is no documentation to support long-term use of muscle relaxants in this medical record. The guidelines recommend a short course (less than two weeks) and the treating physician clearly exceeded the recommended guidelines. There is no evidence of objective functional improvement. Consequently, absent clinical documentation to support the ongoing use of Tizanidine with evidence of objective functional improvement, retroactive Tizanidine 4 milligram two tablets TID #168 is not medically necessary.

Retrospective request for Senna Laxative 8.6 mg-50 mg tablet 5 tablet QHS PRN #140: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601112.html>.

Decision rationale: Pursuant to Medline plus, retroactive Senna laxative 8.6 mg/50 mg tablet five tablets QHS #140 is not medically necessary. Senna is used on a short-term basis to treat constipation. For additional details see the attached link. In this case, the injured worker's working diagnoses are failed back syndrome, lumbar; into vertebral lumbar disc disease with myelopathy, lumbar region; instability sacroiliac and sacral ileitis. The documentation indicates there is a history of constipation. The medical record indicates Senna has been used previously although there is no documentation to support its continued use. There is no documentation of

objective functional improvement indicating whether Senna is helping constipation. Consequently, absent clinical documentation to support Senna use, retroactive Senna laxative 8.6 mg/50 mg tablet five tablets QHS #140 is not medically necessary.