

Case Number:	CM15-0100589		
Date Assigned:	06/03/2015	Date of Injury:	05/31/2012
Decision Date:	07/01/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/26/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 42 year old female who sustained an industrial injury on 05/31/2012. She reported injury to the back. The injured worker was diagnosed as having lumbar disc degeneration, cervical disc degeneration, thoracic radiculitis, lumbar radiculopathy, cervical radiculopathy, lumbar spinal stenosis, cervical spinal stenosis, lumbar facet arthropathy, chronic pain other, C4-7 annular tear, and L4-5 annular tear. Treatment to date has included medication, epidural steroid injections, physical therapy, acupuncture, chiropractic therapy, MRI's and an EMG of the upper extremities and neck as well as pain management and home exercise. Currently, the injured worker complains of neck pain that radiates down both arms accompanied by frequent numbness to the level of the hands. She has frequent muscle spasms in both sides of the neck area that are aggravated by activity, flexion/extension, pulling, pushing and repetitive head motions and rotation. Low back pain radiates down both legs and is aggravated by activity. She complains of frequent muscle spasms in the low back. She complains of frequent spasms, ongoing frontal and occipital headaches, and insomnia associated with ongoing pain that is worsening. Her pain is rated as a 3/10 on average in intensity with medications, and a 4/10 intensity without medications both of which are unchanged since her last visit. Her current medications are reported to be helpful, causing an improvement in her quality of life. She feels they have decreased her pain, increased her level of function and improved her quality of life and wishes to continue the same therapy. She is tolerating the medications and denies side effects. She also reports sleeping better with Ambien and denies any adverse effects. Retrospective

requests for authorization are submitted for: Gabapentin 300 mg #90 with a dos of 4/22/2015; Tylenol No. 3 #90 with a dos of 4/22/2015; Doxepin 10 mg #30 with a dos of 4/22/2015; and Tizanidine 4 mg #60 with a dos of 4/22/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Tylenol No. 3 #90 with a dos of 4/22/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Retrospective Tylenol No. 3 #90 with a dos of 4/22/2015 is not medically necessary and appropriate.

Retrospective Tizanidine 4 mg #60 with a dos of 4/22/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, pg 128.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains not working. The Retrospective Tizanidine 4 mg #60 with a dos of 4/22/2015 is not medically necessary and appropriate.