

Case Number:	CM15-0019661		
Date Assigned:	02/09/2015	Date of Injury:	05/01/2014
Decision Date:	04/01/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/02/2015

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: 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:

The injured worker is a 42 year old male, who sustained an industrial injury on 05/01/2014. He has reported subsequent neck and back pain and was diagnosed with spinal stenosis of the cervical and lumbar spine, chronic pain syndrome and post-concussion syndrome. There are co-existing diagnoses of insomnia and anxiety disorder. The radiological investigation of the cervical and lumbar spines showed multilevel disc bulges and neural foramina stenosis. Treatment to date has included oral pain medications, acupuncture and trigger point injections. In a progress note dated 01/14/2015, the injured worker complained of bilateral neck and low back pain with lower extremity weakness and numbness and occasional numbness and tingling in the bilateral upper extremities. Objective physical examination findings were notable for stiffness and spasms of the low back. The injured worker was noted to be exhibiting pain behavior with groaning, guarded movements and frequent position changes observed. The physician noted that the injured worker had been taking Percocet for moderate-severe pain relief and Tizanidine for severe muscle spasms and that these medications were necessary to allow for improved function and completion of activities of daily living. The UDS dated 10/15/2014 was inconsistent with negative tests for prescribed Flexeril and Percocet. The UDS dated 12/2/2014 was consistent with prescribed medications. The medications currently listed were Percocet, Tizanidine and Nabumetone. The patient was previously on Norco, Skelaxin, Flexeril and Motrin. A request for authorization of refills of Percocet and Tizanidine was made. On 01/27/2015 Utilization Review modified requests for Percocet 10 mg-325 mg #90 and Tizanidine 4 mg #90 to approval for one

more month of weaning, noting that these medications had previously been denied and that a weaning dose was given. No specific guidelines were cited in support of this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10mg - 325mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short term treatment of exacerbation of musculoskeletal pain. The chronic use of opioids can be associated with the development of tolerance, sedation, addiction, dependency and adverse interactions with other sedative medications. The guidelines recommend that chronic pain patients with significant psychosomatic symptoms be treated with antidepressant medications with analgesic and anxiolytic actions. The records indicate that the patient had been on chronic opioid medications treatment past the acute injury phase. There are documentation of significant psychosomatic symptoms and exhibition of severe pain behaviors that is not supported by objective findings. The records did not show consistent compliance with UDS reports and functional restoration as required by the guidelines. The criteria for the use of Percocet 10/325mg #90 was not met.

Tizadindine 4mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 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 and antispasmodics is associated with the development of tolerance, dependency, addiction, sedation and adverse interactions with opioids. The records indicate that the patient have utilized various muscle relaxants medications since the acute injury period with the duration of use greater than the guidelines recommended duration of 4 to 6 weeks. There is no documentation of the presence of recurrent muscle spasm. The use of muscle relaxant had not resulted in objective evidence of significant functional restoration. The criteria for the use of Tizanidine 4mg #90 was not met.

