

Case Number:	CM15-0141501		
Date Assigned:	07/31/2015	Date of Injury:	09/30/2008
Decision Date:	08/27/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/21/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 47 year old male with an industrial injury dated 09/30/2008. A comorbid condition is hypertension. His diagnoses included chronic lumbar radiculopathy, left shoulder pain and internal derangement of right knee. Prior treatment included epidural steroid injection, orthopedic referral, medications and injections into knee and shoulder. He presents on 06/04/2015 with complaints of constant aching pain in the low back over the sacrum with radiation to the back of the left calf. He reports numbness and tingling in the left leg. He rates the pain as 3-4 out of 10 currently, at worst 8-9 out of 10 and at best 4 out of 10. He also reports right shoulder pain rated as 6 out of 10 at the time of the visit. Physical exam revealed the injured worker was using crutches. Spasm was present in the lower lumbar paravertebral muscles bilaterally. He declined range of motion of the lumbar spine because of pain in the right knee. He reports 60% of relief with opioid pain medication. The provider documents no signs of abuse or diversion. Treatment plan included to decrease Percocet and start Zanaflex. The treatment request for Omeprazole (Prilosec OTC) 20 mg oral tablet DR (E.C.) quantity 60 tablets and Oxycodone Acetaminophen (Percocet) 10/325 mg oral tablet 25 were authorized. The treatment request for review is Oxycodone Acetaminophen (Percocet) 10/325 mg oral tablet quantity 120 and Tizanidine (Zanaflex) 2 mg tablet quantity 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine (Zanaflex) 2mg tablet quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-spasticity/Anti-spasmodic Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

Decision rationale: The claimant sustained a work injury in September 2008 and continues to be treated for radiating back pain and right knee and bilateral shoulder pain. Medications are referenced as decreasing pain by 50-60% with improved walking tolerance. When seen, he was having muscle spasms affecting the right shoulder, right knee, and both thighs. He was taking Soma. Physical examination findings included a BMI of nearly 30. He was noted to ambulate with bilateral crutches. He had diffuse low back pain with palpation and bilateral paraspinal muscle spasms. There was decreased knee range of motion and decreased lower extremity sensation. Percocet was prescribed at a total MED (morphine equivalent dose) of 60 mg per day. Soma was discontinued and Zanaflex was prescribed for 30 days. A muscle relaxant is a second-line option for the treatment of acute exacerbations in patients with muscle spasms and short-term use only of 2-3 weeks is recommended. In this case, Zanaflex (tizanidine) was being prescribed for chronic muscle spasms with no identified new injury or exacerbation and the quantity prescribed is consistent with more than a three-week period of use. The claimant does not have spasticity due to an upper motor neuron condition. Prior muscle relaxants appear to have been ineffective. It was not medically necessary.

Oxycodone Acetaminophen (Percocet) 10/325mg oral tablet quantity 120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury in September 2008 and continues to be treated for radiating back pain and right knee and bilateral shoulder pain. Medications are referenced as decreasing pain by 50-60% with improved walking tolerance. When seen, he was having muscle spasms affecting the right shoulder, right knee, and both thighs. He was taking Soma. Physical examination findings included a BMI of nearly 30. He was noted to ambulate with bilateral crutches. He had diffuse low back pain with palpation and bilateral paraspinal muscle spasms. There was decreased knee range of motion and decreased lower extremity sensation. Percocet was prescribed at a total MED (morphine equivalent dose) of 60 mg per day. Soma was discontinued and Zanaflex was prescribed for 30 days. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Percocet (oxycodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing

management. There are no identified issues of abuse or addiction and medications are providing decreased pain with improved walking tolerance. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.