

Case Number:	CM15-0143300		
Date Assigned:	08/04/2015	Date of Injury:	07/06/2010
Decision Date:	09/01/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/23/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 60 year old female who sustained an industrial injury on 07/06/2010. The original injury report and mechanism of injury are not found in the records provided. The injured worker was diagnosed as having: Right sacroiliitis; Status post prior lumbar fusion; Low back pain, unresponsive to conservative care. Treatment to date has included a 2 stage anterior posterior lumbar fusion with instrumentation with the first stage 05-09-2012, and the second stage on 05-09-2012. She has had medications, medication management, and transforaminal epidural steroid injection (TFESI) L5-S1 (01-21-2015) that improved the pain in the left leg, and a right sacroiliac joint injection (05-13-2015) which gave 80 percent relief of her sacroiliac pain. Currently, the injured worker complains of back pain which is worsening in the right low back over the SI joint. She received very good pain relief from the transforaminal epidural steroid injection. On examination of the lumbar spine, she has limited range of motion secondary to pain, diminished sensation on the left S1 and L5 distribution. Deep tendon reflexes are diminished at the right ankle and absent at the left ankle. Straight leg raise is negative bilaterally, and there is tenderness palpated in the right sacroiliac joint. Medications include Norco and Tizanide. Norco is taken up to four times a day for severe pain, and she takes Lyrica for the neuropathic pain and the chronic pain component. The plan is to continue current medications and request a functional capacity evaluation. A request for authorization was made for the following: 1. Norco 10/325mg #120. 2. Urinalysis (next office visit) 3. Tizanidine 4mg #90, with 3 refills 4. Functional capacity evaluation

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #90, with 3 refills: 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 muscle relaxants Page(s): 63-65.

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004). This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not certified.

Functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Independent Medical Examinations and Consultations Chapter 7, page 137-138, Official Disability Guidelines, Fitness for Duty, Arch Phys Med Rehabil.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) FUNCTIONAL CAPACITY EVALUATION.

Decision rationale: Per the ODG, functional capacity evaluations (FCE) are recommended prior to admission to work hardening programs, with preference for assessments tailored to a specific job. Not recommended as a routine use as part of occupational rehab or screening or generic assessments in which the question is whether someone can do any type of job. Consider FCE1. Case management is hampered by complex issues such as: a. Prior unsuccessful RTW attempts b. Conflicting medical reporting on precaution and/or fitness for modified jobs c. Injuries that require detailed exploration of the worker's abilities 2. Timing is appropriate a. Close or at MMI/all key medical reports secured b. Additional/secondary conditions clarified There is no indication in the provided documentation of prior failed return to work attempts or conflicting medical reports or injuries that require detailed exploration of the worker's abilities. Therefore, criteria have not been met as set forth by the ODG and the request is not certified.