

Case Number:	CM15-0160696		
Date Assigned:	08/27/2015	Date of Injury:	09/27/2004
Decision Date:	10/07/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/17/2015

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: Georgia

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:

This 33 year old man sustained an industrial injury on 9-27-2004. The mechanism of injury is not detailed. Evaluations include lumbar spine MRI dated 2-26-2015. Diagnoses include lumbar disc displacement without myelopathy, depression, degeneration of lumbar and lumbosacral disc, lumbar spinal stenosis, and cervical disc displacement. Treatment has included oral medications, chiropractic care, and lumbar epidural steroid injection. Physician notes dated 7-13-2015 show complaints of chronic low back pain with radicular symptoms. Recommendations include chiropractic care, Metamucil Powder, Senokot-s, Docusate Sodium, Morphine Sulfate, Tizanidine, Topiramate, urine drug screen, aquatic therapy, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Tizanidine 4 mg # 60 is not medically necessary. Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. (Malanga, 2008) Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. (Malanga, 2002) May also provide benefit as an adjunct treatment for fibromyalgia. (ICSI, 2007). The recommended dosing is 4mg with a max dose of 36 mg per day. The medical records indicate that the Tizanidine was prescribed for back and neck pain. MTUS recommends short term use for myofascial pain or fibromyalgia; therefore, the claim is not medically necessary.

Metamucil powder #1 with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: Metamucil powder #1 with 3 refills is not medically necessary. Per Ca MTUS page 77 of the Opioid section: Initiating Therapy: Prophylactic treatment of constipation should be initiated. However, the patient is already taking two stool softeners and there is lack of documentation of additional counseling such as increasing fiber intake or reducing opioid use; therefore, the requested therapy is not medically necessary.

Senokot -S quantity 120 with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: Senokot-S quantity 120 with 3 refills is not medically necessary. Per Ca MTUS page 77 of the Opioid section: Initiating Therapy: Prophylactic treatment of constipation should be initiated. However, the patient is already taking two stool softeners and there is lack of documentation of additional counseling such as increasing fiber intake or reducing opioid use; therefore, the requested therapy is not medically necessary.

Docusate Sodium 100mg quantity 120 with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: Docusate Sodium 100mg #120 with 3 refills is not medically necessary. Per Ca MTUS page 77 of the Opioid section: Initiating Therapy: Prophylactic treatment of constipation should be initiated. However, the patient is already taking two stool softeners and there is lack of documentation of additional counseling such as increasing fiber intake or reducing opioid use; therefore, the requested therapy is not medically necessary.