

Case Number:	CM15-0195602		
Date Assigned:	10/09/2015	Date of Injury:	10/29/1990
Decision Date:	11/19/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	10/05/2015

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 is a 67 year old male, who sustained an industrial injury on 10-29-09. The injured worker is being treated for low back pain, lumbar facet pain, complex regional pain syndrome and possibility of lumbo radiculopathy. Random drug screens have been consistent with medications prescribed. On 8-21-15, the injured worker complains of persistent low back pain rated 8-9 out of 10 with radiation to bilateral lower extremities with frequent muscle pain and spasms in bilateral thigh with walking and standing. Work status is modified duties. Physical exam performed on 8-21-15 revealed antalgic gait on left with a cane for ambulation, restricted range of lumbar motion and Dysesthesia to light touch in left lower extremity. Treatment to date has included transcutaneous electrical nerve stimulation (TENS) unit, oral medications including Cyclobenzaprine, Gabapentin, Tylenol #4 (since at least 5-20-15) Tizanidine 4mg (since at least 5-20-15) and Omeprazole; topical Fentanyl patch and activity modifications. Documentation does not indicate duration of pain relief or level of pain prior to and following administration of medications. The treatment plan included prescriptions for Duragesic patch 75 mcg #15, Tylenol #4 #90 and Tizanidine 4mg #30. On 9-3-15 request for Duragesic patch 75 mcg #15, Tylenol #4 #90 and Tizanidine 4mg #30 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #4 #90 (unspecified strength): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Weaning of Medications.

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

Decision rationale: The MTUS Guidelines cite 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 results 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 in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic 2009 injury without acute flare, new injury, or progressive neurological deterioration. The Tylenol #4 #90 (unspecified strength) is not medically necessary and appropriate.

Tizanidine 4mg #30: Upheld

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

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

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic 2009 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 since at least May 2015. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged without acute flare-up or clinical progression. The Tizanidine 4mg #30 is not medically necessary and appropriate.