

Case Number:	CM15-0020322		
Date Assigned:	02/09/2015	Date of Injury:	06/01/1993
Decision Date:	04/01/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/03/2015

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 62 year old male, who sustained an industrial injury on 6/01/1993. The diagnoses have included bilateral partial cuff tears, cervical stenosis and lumbar stenosis. Treatment to date has included medications, physical therapy, pool therapy and activity modification. Currently, the IW complains of bilateral shoulder pain. Objective findings included decreased range of motion in bilateral shoulders. On 1/09/2015, Utilization Review non-certified a request for Oxycodone 15mg #144, Tizanidine 4mg #90, Acidophilus and inpatient detoxification noting that the clinical findings do not support the medical necessity of the treatment. The MTUS was cited. On 2/03/2015, the injured worker submitted an application for IMR for review of Oxycodone 15mg #144, Tizanidine 4mg #90, Acidophilus and inpatient detoxification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Oxycodone 15mg, #144: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Medications for chronic pain Page(s): 60-61, 76-78, 88-89.

Decision rationale: According to the 12/19/2014 report, this patient presents with low back pain with significant leg pain and weakness. The current request is for 1 prescription of Oxycodone 15mg #144. This medication was first mentioned in the 06/27/2014 report; it is unknown exactly when the patient initially started taking this medication. The request for authorization is on 12/19/2014. The patient's work status is deferred to the primary treating physician. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's; analgesia, ADLs, adverse side effects, and aberrant behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In the medical reports provided for review, the treating physician indicate that the patient current level of medication reduced his pain from as high as a 9/10 down to at times a 4/10 with baseline 5-6/10. The decrease pain allows him to perform light chores around the house and allows him to walk up to 20 to 30 minutes. The patient is able to do light household chores such as cooking light meals for his wife and light clean up the kitchen. There is no side effect of the medication and CURES reporting found to be consistent with medication prescribed. In this case, the treating physician's report shows proper documentation of the four A's as required by the MTUS guidelines. Therefore, the current request IS medically necessary.

Prescription of Tizanidine 4mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Antispasticity/Antispasmodic drugs Page(s): 66.

Decision rationale: According to the 12/19/2014 report, this patient presents with low back pain with significant leg pain and weakness. The current request is for 1 prescription of Tizanidine 4mg #90. The MTUS guidelines page 66, "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." However, the MTUS guidelines for muscle relaxers only allow a short course of treatment (2-3 weeks) for acute muscle spasms. The documentation provided indicates that this prescription is for long term use which is not supported by MTUS. This medication was first noted in the 06/27/2014 report. The current request IS NOT medically necessary and the recommendation is for denial.

Unknown prescription of Acidophilus: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation website <http://www.drugs.com/acidophilus.html>.

Decision rationale: According to the 12/19/2014 report, this patient presents with low back pain with significant leg pain and weakness. The current request is for Unknown prescription of Acidophilus. This medication was first mentioned in the 01/23/2015 report; however, the Utilization Review letter in question is from 01/09/2015. The MTUS, ACOEM, and ODG Guidelines do not address Acidophilus, so Drug.com was referenced. Acidophilus is a bacteria that exists naturally in the body, primarily in the intestines and the vagina. Acidophilus helps maintain an acidic environment in the body, which can prevent the growth of harmful bacteria. Acidophilus has been used to treat or prevent vaginal yeast infections, yeast infections of the mouth, diarrhea caused by taking antibiotics, and urinary tract infections. It may work by helping the body maintain normal consistency of bacteria in the stomach, intestines, and vagina. In reviewing the provided medical reports, the treating physician does not provide medical rationale for the request, the treater simply states: medications requested: Acidophilus p.o. t.i.d. #90/month. In this case, the treating physician does not document that the patient has vaginal yeast infections, yeast infections of the mouth, diarrhea caused by taking antibiotics, and urinary tract infections to warrant the use of this medication. The request IS NOT medically necessary.

One consultation for inpatient detoxification: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

Decision rationale: According to the 12/19/2014 report, this patient presents with low back pain with significant leg pain and weakness. The current request is for consultation for inpatient detoxification. The ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The current request is supported by the ACOEM guidelines for specialty referral. The treating physician feels that additional expertise including consultation for Detoxification for the patient in attempted to wean his medication may be required. Therefore, the requested consultation IS medically necessary and supported.