MAXIMUS Federal Services

Case Number:	CM15-0027563		
Date Assigned:	02/20/2015	Date of Injury:	01/05/2000
Decision Date:	04/07/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/13/2015

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 1/05/2000. The diagnoses have included chronic pain and depression. Treatment to date has included surgical intervention and conservative measures. Currently, the injured worker complains of "not doing well". He reported feeling physically sick and exhausted. He was alert and oriented, speech was soft and slow, and mood was depressed and anxious. Physical exam noted he was at his baseline, but was not documented. Nutritional compromise was not noted. Current treatment included muscle relaxants and opioid medications. A progress note, dated 1/07/2015, noted complaints of greater difficulty going from a sitting to standing position and headaches, usual weakness of the hands and a now burning sensation down his right arm was documented. Physical exam noted spasm and increased paraspinal muscle bulk and tone. He received an injection (Sarapin, Traumeel, and Lidocaine) at ten separate sites along the semispinals, splenius capitis, suboccipital group, and upper bilaterally. On 1/16/2015, Utilization Review non-certified a request for Folbic 2.5/25mg #60, citing Non-MTUS Guidelines, and non-certified a request for Tizanidine HCL 4mg (2 tabs every 6 hours as needed), noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Folbic 2.5-25mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.dailymed.nim.nih.gov/dailymed/archives/fdadruginfo.cfm/archivied=28205.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation websitewww.web MD.com Labor Code 4610.52.

Decision rationale: This patient presents with neck and abdominal pain. The patient is status post bilateral Botox A injection from 07/22/2014. The treater is requesting FOLBIC 2.5 TO 25 MG QUANTITY 60. The RFA was not made available for review. The patient's date of injury is from 01/05/2002 and he is currently permanently totally disabled. The MTUS, ACOEM and ODG guidelines are silent with regards to this request. However, the www.web MD.com on the Folbic states that it is a combination of vitamin B6, B12 and folic acid. It is for people who do not have enough of these vitamins for good health. The records show that the patient was prescribed Folbic on 07/16 2014. There is no discussion as to the reason why this medication is being prescribed to this patient. The treater does not discuss vitamin deficiency. Furthermore, Labor Code 4610.52 definition of medical necessity, "medically necessary" and "medical necessity" meaning medical treatment that is reasonably required to cure or relieve the injured employee of the effects of his or her injury?" In this case, the medical necessity of this medication has not been established and the request IS NOT medically necessary.

Tizanidine HCL 4mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: This patient presents with neck and abdominal pain. The patient is status post bilateral Botox A injection from 07/22/2014. The treater is requesting TIZANIDINE HCL 4 MG. The RFA was not made available for review. The patient's date of injury is from 01/05/2002 and he is currently permanently totally disabled. The MTUS Guidelines page 63 to 66 states, “Tizanidine - Zanaflex #130; generic available, is a centrally acting alpha-2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled for low back pain demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome. MTUS page 60 states that for medications used for chronic pain, efficacy in terms of pain reduction and functional gains must also be documented. The records show that the patient was prescribed Tizanidine on 07/16/2014. None of the reports from 06/12/2014 to 01/07/2015 mention medication efficacy as it relates to the use of Tizanidine. Given the lack of functional improvement while utilizing this medication the continued use is not warranted. The request IS NOT medically necessary.