

Case Number:	CM15-0037487		
Date Assigned:	03/05/2015	Date of Injury:	01/16/2005
Decision Date:	05/12/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/27/2015

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: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 63-year-old male who reported an injury on 01/16/2005. The mechanism of injury involved a fall. The injured worker is diagnosed with lumbago, cervicgia, and right shoulder bursitis. On 01/29/2015, the injured worker presented for an initial evaluation with complaints of neck pain, upper/mid back pain, low back pain, and right shoulder pain. There was associated tingling and numbness in the bilateral lower extremities. The injured worker was utilizing tizanidine 4 mg, Aggrenox, amlodipine, metoprolol, Prilosec, and methadone. Upon examination, there was full range of motion of the cervical spine, tenderness to palpation over the bilateral superior trapezius, tenderness over the bilateral lumbar paraspinal muscles, palpable muscle spasm, positive lumbar facet loading maneuver, negative straight leg raise, tenderness to palpation over the anterior and posterior aspect of the right shoulder, and tenderness over the greater trochanter on the right. Motor testing was within normal limits, sensation was intact, and reflexes were symmetric at 1+4 in the bilateral lower extremities. Recommendations included continuation of the current medication regimen. A psychiatric evaluation was also recommended to address depressed mood related to chronic pain and decreased function. A Request for Authorization form was then submitted on 02/04/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg p.o. q 6h p.r.n. #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. Efficacy appears to diminish over time, and prolonged use may lead to dependence. The injured worker does have evidence of palpable muscle spasm upon examination. However, it is noted that the injured worker has continuously utilized the above medication since 08/2014. There is no documentation of objective functional improvement. The guidelines do not support long-term use of muscle relaxants. Given the above, the request is not medically appropriate.

Psychiatrist evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. According to the documentation provided, the physician requested a psychiatric evaluation based on the injured worker's symptoms of depression secondary to chronic pain and decreased function. However, upon examination, the provider indicated there were no feelings of excessive fatigue, depression, or memory loss. The medical necessity for a psychiatrist referral has not been established in this case. As such, the request is not medically appropriate.