

Case Number:	CM15-0051708		
Date Assigned:	03/25/2015	Date of Injury:	01/25/2012
Decision Date:	05/12/2015	UR Denial Date:	03/07/2015
Priority:	Standard	Application Received:	03/18/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 39 year old female with an industrial injury dated January 25, 2012. The injured worker diagnoses include bilateral sacroiliac (SI) joint dysfunction and lumbar spine sprain/strain. She has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the most recent progress note dated 10/29/2014, the injured worker reported low back and right shoulder pain rated as a 8/10 and reduced to a 2-4/10 with medication. The treating physician note that the injured worker is doing very well and remains stable at her baseline largely due to her current medication regimen. The treating physician prescribed Fentanyl Patch 25mcg and Tizanidine 4mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Patch 25mcg #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 39 year old female has complained of low back pain since date of injury 1/25/12. She has been treated with physical therapy and medications to include opioids since at least 10/2014. The current request is for Fentanyl patch. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Fentanyl patch is not medically necessary.

Tizanidine 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41-42.

Decision rationale: This 39 year old female has complained of low back pain since date of injury 1/25/12. She has been treated with physical therapy and medications to include muscle relaxants for at least 1 month duration. The current request is for Tizanidine. Per the MTUS guidelines cited above, muscle relaxant agents (Tizanidine) are not recommended for chronic use and should not be used for a greater than 2-3 week duration. Additionally, they should not be used with other agents. On the basis of these MTUS guidelines, Tizanidine is not medically necessary.