

Case Number:	CM15-0088150		
Date Assigned:	05/12/2015	Date of Injury:	01/17/2006
Decision Date:	06/11/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/07/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 69-year-old male injured worker suffered an industrial injury on 01/17/2006. The diagnoses included lumbar discectomy with fusion and lumbar radiculopathy. The injured worker had been treated with medications, trigger point injections, and fusion. The pain without medications the pain is 8 to 9/10 and with medications is 6/10 and pain increased as the day progresses. On 4/1/2015, the treating provider reported low back pain radiating down to the bilateral lower extremities down to the tailbone described as burning. On exam, there was moderate spasm of the lumbar spine muscles and positive straight leg raise to the right lower posterior extremity. The treatment plan included Vitamin D3 and Tizanidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vitamin D3 50,000 IU #8 with 1 refill: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Vitamin D http://en.wikipedia.org/wiki/Vitamin_D.

Decision rationale: There is no documentation that the patient is suffering from a vitamin D deficiency requiring Vitamin D3 supplementation. Therefore, the request for Vitamin D3 50,000 IU #8 with 1 refill is not medically necessary.

Tizanidine 4mg, three (3) times per day #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63, 66.

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

Decision rationale: According to MTUS guidelines, a non-sedating muscle relaxants is recommended with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient was previously treated with Tizanidine for more than 4 months, which is considered a prolonged use of the drug. There is no continuous and objective documentation of the effect of the drug on patient pain, spasm and function. There is no recent documentation for recent pain exacerbation or failure of first line treatment medication. Therefore, the request for Tizanidine 4mg #90 is not medically necessary.