

Case Number:	CM15-0096884		
Date Assigned:	05/27/2015	Date of Injury:	11/24/2002
Decision Date:	07/02/2015	UR Denial Date:	05/02/2015
Priority:	Standard	Application Received:	05/19/2015

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 61-year-old male, who sustained an industrial injury on 11/24/2002. He reported injury to his lumbar spine, due to a trip and fall. The injured worker was diagnosed as having lumbar disc disease without myelopathy, lumbar degenerative disc disease, lumbar myofascitis, and lumbar subluxations. Treatment to date has included diagnostics, physical therapy, and medications. Magnetic resonance imaging of the lumbar spine (3/27/2015) multi-level degenerative disc changes, but the greatest degree of central canal stenosis was mild, and the greatest degree of neural foraminal stenosis was mild. Currently, the injured worker complains of aching right leg pain, rated 2/10 and slightly decreased. Current medications included Bupropion and Zanaflex. Minor gastrointestinal upset was described, with normal colonoscopy documented 2 weeks prior. The use of Zanaflex was noted since 12/2014. Exam of the lumbar spine noted tenderness at L5, motor strength 5/5, sensation intact, and reflexes symmetric. The treatment plan included continued medications and access to pain management specialty consult (one time) for anesthesia. His work status was modified with restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 2 mg #30 1 refill: Upheld

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

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

Decision rationale: The 61-year-old patient complains of constant lower back pain and right leg pain, rated at 2/10, as per progress report dated 04/22/15. The request is for 1 PRESCRIPTION OF TIZANIDINE 2mg #30 WITH 1 REFILL. The RFA for this case is dated 04/24/15, and the patient's date of injury is 11/24/02. Diagnoses, as per progress report dated 03/11/15, included lumbar discopathy, lumbar degenerative disc disease, lumbar fascitis, and lumbar subluxation. Medications, as per progress report dated 04/22/15, included Tizanidine and Bupropion. The patient is working with restrictions, as per the same report. MTUS Guidelines pages 63 through 66 states "recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain." They also state, "This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects." In this case, a prescription for Tizanidine is first noted in progress report dated 12/03/14, and the patient has been taking the medications consistently since then. The treating physician, however, does not document an improvement in function or a reduction in pain due to Tizanidine use. MTUS guidelines page 60 require recording of pain and function when medications are used for chronic pain. Hence, the request for Tizanidine # 90 IS NOT medically necessary.

Pain management consultation for anesthesia: 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 ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

Decision rationale: The 61-year-old patient complains of constant lower back pain and right leg pain, rated at 2/10, as per progress report dated 04/22/15. The request is for 1 PAIN MANAGEMENT CONSULTATION FOR ANESTHESIA. The RFA for this case is dated 04/24/15, and the patient's date of injury is 11/24/02. Diagnoses, as per progress report dated 03/11/15, included lumbar discopathy, lumbar degenerative disc disease, lumbar fascitis, and lumbar subluxation. Medications, as per progress report dated 04/22/15, included Tizanidine and Bupropion. The patient is working with restrictions, as per the same report. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) 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. In this case, the patient appears to have visited pain management consultant in the past, as indicated by progress report dated 01/15/15 in which the treater states, "I would recommend that the patient follows up with a pain management doctor for possible thoracic facet injections." The current request is noted in progress report dated 04/22/15. However, the treater does not explain the purpose of "one-time consult" for anesthesia. Additionally, guidelines only support one

initial consultation visit. Follow ups require clear reasoning. Hence, the request IS NOT medically necessary.

