

Case Number:	CM14-0123698		
Date Assigned:	08/08/2014	Date of Injury:	03/12/2009
Decision Date:	09/26/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/05/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 64-year-old had a date of injury on March 12, 2009. The mechanism of injury was not noted. In a progress noted dated July 2, 2014, subjective findings included flare up of right knee. She has fallen 1-2 times. On a physical exam dated 7/2/2014, the objective findings were illegible. Diagnostic impression shows right knee DFA. Treatment to date: medication therapy, behavioral modification. A UR decision dated July 29, 2014 denied the request for Tylenol 300/30mg #60, stating long term use of this pain medication for 1-2 months after surgery for musculoskeletal trauma have more psychological distress and less effective coping strategies. Zanaflex 4mg #60 was denied, stating that efficacy diminishes over time and prolonged use can lead to dependence. Voltaren XR 100mg #30 and Prilosec 20mg #30 were approved for ongoing musculoskeletal complaints and GI events associated with GERD (gastroesophageal reflux disease).

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol 300/30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In a progress report dated July 2, 2014, there was no documented functional improvement noted with the opioid regimen. Furthermore, there was no evidence of CURES monitoring, pain contract, or urine drug screens. Therefore, the request for Tylenol 300/30 mg, sixty count, is not medically necessary or appropriate.

Zanaflex 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 67.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity and off label use for low back pain. In addition, MTUS also states that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP (low back pain) cases, they show no benefit beyond NSAIDs (non-steroidal anti-inflammatory drugs) in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In a progress report dated July 2, 2014, the patient is noted to present a flare up of the right knee. However, it was not clear how long this patient has been on Tizanidine, as there were no legible progress reports available for review since January 8, 2014. Therefore, the request for Zanaflex 4 mg, sixty count, is not medically necessary or appropriate.