

Case Number:	CM14-0143652		
Date Assigned:	09/12/2014	Date of Injury:	01/18/2000
Decision Date:	10/10/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	09/04/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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:

The patient is a 43-year-old female who sustained a work related injury on 01/18/2000 as result of lifting a patient from a wheel chair, felt low back pain with radiation to bilateral legs. Since then she has had multiple complaints of lower back pain. She has undergone repeated imaging studies that document worsening L5-S1 degenerative changes to point of collapsed disc spacing. Her most recent Progress note dated 05/01/2014 indicates that the patient has 'chronic pain, still need to control, referred to PT as well, no complaints of shortness of breath, pain dysuria, status post tubal ligation'. Physical examination is absent any musculoskeletal findings in association with the chief complaint, neurologically, non-focal, motor strength normal upper and lower extremities, sensory exam intact. In dispute is a decision for Tizanidine HCL 4mg, #20 and Oxycodone / Acetaminophen 1/325mg, #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine HCL 4mg, #20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 66.

Decision rationale: Tizanidine (Zanaflex, generic available): Is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Studies demonstrate that Tizanidine has efficacy in treating low back pain and demonstrated significantly decreased pain associated with chronic myofascial pain syndromes. There are no documented supportive physical exam findings corroborating the patient's chief complaint. Further, there is no subjective documentation of improvement in the performance of activities of daily living, functionality or pain decrease as a result of the current medical management. Last, as the patient does not carry the diagnosis of 'myofascial pain syndrome', the medical is not recommended for use and is therefore not medically necessary.

Oxycodone/Acetaminophen 1/325mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dosing Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 75, 86, 88, 91. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:
<http://www.nyc.gov/html/doh/html/mental/MME.html>

Decision rationale: Opioid Classifications: Short-acting/Long-acting opioids: Short-acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. For higher doses of hydrocodone (>5mg/tab) and acetaminophen (>500mg/tab) the recommended dose is usually 1 tablet every four to six hours as needed for pain. Opioids for Chronic back pain appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Oxycodone with acetaminophen, (Roxicet, Percocet, Tylox, Endocet), Hydrocodone/Acetaminophen (Anexsia, Co-Gesic, HycetTM; Lorcet, Lortab; Margesic- H, MaxidoneTM; Norco, Stagesic, Vicodin, Xodol, Zydone; generics available) is listed as indicated for moderate to moderately severe pain. Long term use of such medications (greater than 6 months) needs documented pain and functional improvement as compared to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. Recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The patient calculated morphine milligram equivalent is 135mg. There are no documented supportive physical exam findings corroborating the patient's chief complaint. Further, there is no subjective documentation of improvement in the performance of activities of daily living, functionality or pain decrease as a result of the current medical management. Her high dose opioid use have been addressed in the past (see Progress note dated 09/11/2013) with a plan of action in weaning off and terminating medication use. As a result of the lack of supportive evidence, with concern that opioid medication use may be inappropriate, the requested medication is not medically necessary.

