

Case Number:	CM14-0184866		
Date Assigned:	11/12/2014	Date of Injury:	01/03/1990
Decision Date:	12/19/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/06/2014

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 in 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, leg, and neck pain reportedly associated with an industrial injury of January 3, 1990. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; earlier lumbar laminectomy surgery; earlier cervical laminectomy surgery; epidural steroid injection therapy; a TENS unit; and opioid agents. In a Utilization Review Report dated October 21, 2014, the claims administrator approved a request for gabapentin, Celebrex, Norco, OxyContin, and Dilaudid while denying a request for Tizanidine. The applicant's attorney subsequently appealed. In a February 10, 2014 psychological evaluation, the applicant reported ongoing complaints of neck and low back pain. The applicant was using OxyContin, Dilaudid, Celebrex, tizanidine, Norco, Ambien, BuSpar, Seroquel, and Neurontin, it was acknowledged. 9/10 pain was reported. The applicant was apparently not working. The applicant's wife was likewise not working. The applicant's son apparently had drug abuse issues, it was noted. The applicant was given diagnoses of major depressive disorder, panic disorder, and pain disorder affected by psychological factors and a general medical condition. The applicant reportedly had a global assessment of function (GAF) of 58. On July 19, 2013, the applicant was given refills of buspirone, Xanax, Seroquel, Ambien, OxyContin, Dilaudid, Norco, tizanidine, and Celebrex. The attending provider acknowledged that the applicant was using 312 mg in morphine equivalents daily, well in excess of standard guidelines. 7/10 pain was noted. Most days were reportedly horrible, the applicant acknowledged. At times, the applicant stated that his pain was as high as 8-10/10. On April 7, 2014, the applicant reported constant 7/10 low back pain, exacerbated by sitting, standing, and walking. The applicant stated that his pain will be worse without his medications. The applicant was asked to consider an intrathecal pain pump. The applicant was given refills of Reglan, Dilaudid, OxyContin, Norco, Celebrex,

Neurontin, BuSpar, Tizanidine, and Seroquel. On October 2, 2014, the applicant was again asked to continue Dilaudid, OxyContin, Norco, Celebrex, Neurontin, BuSpar, and tizanidine. The applicant had developed issues with anxiety and depression in addition to ongoing complaints of low back and left leg pain, 7-10/10. The applicant's activity levels are poor, it was acknowledged. The applicant was in the process of getting an intrathecal pain pump implanted. In another section of the note, the applicant stated that his medications were allowing him to function. This was not, however, expounded upon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine section, Functional Restoration Approach to Chronic Pain Management section Page(s):. Decision based on Non-MTUS Citation MTUS 9792.20f.

Decision rationale: While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Tizanidine is FDA approved in the management of spasticity but can be employed off-label for low back pain, as is present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant is off of work. The applicant does not appear to have worked in several years. Ongoing usage of Tizanidine has failed to curtail the applicant's dependence on opioid agents such as Dilaudid, OxyContin, and Norco. The applicant continues to report severe complaints of 7-10/10 pain and is having difficulty performing activities of daily living as basic as standing and walking, despite ongoing Tizanidine usage. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Tizanidine. Therefore, the request is not medically necessary.