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| Case Number: | CM14-0214702 | | |
| Date Assigned: | 01/07/2015 | Date of Injury: | 09/06/2005 |
| Decision Date: | 02/20/2015 | UR Denial Date: | 12/18/2014 |
| Priority: | Standard | Application Received: | 12/22/2014 |

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. 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: Emergency 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:

Patient with reported date of injury on 9/6/2006. Mechanism of injury is described as a lifting injury. Patient is post lumbar surgery in 2008, another in 2012 for lumbar fusion and bone stimulator and removal of stimular in 2013. Patient also had laminectomy done in 2001 not related to this injury. Patient has a diagnosis of degeneration of lumbar disc, abnormal gait, lumbosacral nerve root pain, sciatica, medication induced constipation and chronic back pain. Medical reports reviewed. Last report available until 12/12/14. Patient complains of chronic back pain. Pain radiates to both legs and associated with numbness and weakness. Pain is 7/10. Objective exam reveals moderate tenderness to thoracic and lumbar spine. Hypertonic muscles in lumbar region. Atrophy and weakness in lower extremities noted. Unable to walk on toes. Decreased sensation to legs. Pain improves by 70% with medications but is still 7/10. MRI of lumbar spine on 8/11/14 revealed unchanged MRI. Noted post surgical changes. Normal conus and normal marrow signals. Medication list include Oxycodone, viagra and tizanidine. Independent Medical Review is for Tizanidine 4mg #90 and Oxycodone 20mg #90. Prior Utilization Review on 12/18/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodics Page(s): 60.

Decision rationale: Zanaflex(Tizanidine) is an antispasmodic muscle relaxant. It is FDA approved for muscle spasms. As per MTUS guidelines, muscle relaxants should be used for short term use and for flare ups only. There is documentation of muscle spasms. However, patient has been on this medication chronically and the number of tablets requested is not appropriate. The request for Tizanidine is not medically necessary.

Oxycodone 20mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: Oxycodone is an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation does not meet the appropriate documentation of criteria. There is documentation of subjective improvement in activity of daily living and pain, however patient reported persistent severe 7/10 pain at baseline even with such high dose pain medications does not correlate with claims of improvement in pain with medications. Patient also continues to have significant impairment from pain despite ongoing therapy. It is unclear why patient is on a short acting opioid for chronic pain and is not on a long acting opioid or other medications for chronic back pains. There is a high risk of side effects at such high dose and despite claims of “improvement” such as patient's constipation, objective improvement in pain and function does not correlate with such claims. The request for Oxycodone prescription is not medically necessary.