

Case Number:	CM15-0012993		
Date Assigned:	01/30/2015	Date of Injury:	02/22/2014
Decision Date:	03/19/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/21/2015

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: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 64 year old female, who sustained an industrial injury on 02/22/2014. She has reported pain to the low and mid back after transferring a person. Diagnoses include closed thoracic ten to eleven vertebral fracture not otherwise specified, lumbago, lumbosacral sprain, lumbar spinal stenosis, and lumbosacral neuritis not otherwise specified. Treatment to date has included aquatic therapy, home exercise program, medication regimen, physical therapy, chiropractic therapy, and acupuncture. Physician documentation from 12/18/2014 noted the injured worker to have constant, aching pain to the thoracic spine and lumbosacral pain that is rated a six to eight out of ten on a pain scale with associated symptoms of radiating pain to the right lower extremity with numbness. The treating physician requested Ultracet for pain and Tizanidine but did not indicate the reason for requesting Tizanidine. On 12/29/2014 Utilization Review non-certified the requested treatments of Ultracet tablet with a quantity of 90 with 2 refills per 12/18/2014 and Tizanidine 4mg with a quantity of 30 with 2 refills per 12/18/2014, noting the California Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines, pages 63, 64, and 66 and Official Disability Guidelines Pain (updated 11/21/2014).

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet tablet, 90# with 2 refills per 12/18/14 quantity 90.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Opioids

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effect.

Decision rationale: The applicant is a represented [REDACTED] employee who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of February 22, 2014. In a Utilization Review Report dated December 29, 2014, the claims administrator denied requests for Ultracet and tizanidine. A December 18, 2014 progress note was referenced in the determination. The claims administrator contended that the applicant had failed to profit from the medications at hand. In a medical-legal evaluation of December 16, 2014, it was suggested that the applicant was off of work and had been off of work during large portions of the claim, beginning with the date of injury. The medical-legal evaluator contended that the applicant was not at maximum medical improvement. In a handwritten note dated June 22, 2014, the applicant was asked to continue Tylenol No. 3 and restart chiropractic manipulative therapy. On October 9, 2014, it was stated that the applicant was using Tylenol, Flexeril, and a topical muscle relaxant. The applicant was declared permanent and stationary. Permanent work restrictions and an 11% whole person impairment rating were imposed. No discussion of medication efficacy transpired. In a handwritten note dated October 9, 2014, difficult to follow, not entirely legible, the applicant seemingly received both Tylenol and cyclobenzaprine. On December 18, 2014, the applicant apparently transferred care to a new primary treating provider. The applicant reported 6-8/10 pain complaints. The applicant was using Tylenol at the outset of the encounter. The applicant was also given prescriptions for Ultracet and tizanidine with multiple refills. REFERRAL QUESTIONS: 1. No, the request for Ultracet 90 tablets with two refills was not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants utilizing opioids should be periodically followed up upon in the office setting for ongoing review of documentation of pain relief, functional status, appropriate medication use, and side effects, etc. Here, thus, the 90-tablet, two-refill supply of Ultracet issued at the first office visit of December 18, 2014 ran counter to MTUS principles and parameters as it did not contain any proviso to reevaluate the applicant following introduction of Ultracet so as to ensure a favorable response to the same before moving forward with the decision to provide the applicant with a three-month supply of the medication at issue. Therefore, the request was not medically necessary. REFERENCES: MTUS Chronic Pain Medical Treatment Guidelines, page 78, Ongoing Management topic.

Tizanidine 4mg #30 with 2 refills, per 12/18/14 form quantity 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant Page(s): 63,64,66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July.

Decision rationale: 2. Similarly, the request for tizanidine 4 mg #30 with two refills was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, an attending provider should allow consideration of "efficacy of medication" to dictate his choice of recommendations. Here, the first-time request for tizanidine 4 mg #30 with two refills did not contain any proviso to reevaluate the applicant following introduction of tizanidine so as to ensure a favorable response to the same before moving forward to furnish the applicant with a two-month supply of the same. Therefore, the request was not medically necessary. REFERENCES: MTUS Chronic Pain Medical Treatment Guidelines, page 7, Functional Restoration Approach to Chronic Pain Management section.