

Case Number:	CM15-0110334		
Date Assigned:	06/16/2015	Date of Injury:	05/31/1984
Decision Date:	07/15/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/08/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55 year old female sustained an industrial injury on 5/31/84. She subsequently reported back pain. Diagnoses include degeneration of lumbar or lumbosacral intervertebral disc, thoracic or lumbosacral neuritis or radiculitis and cervicalgia and brachial neuritis or radiculitis. Treatments to date include x-ray and MRI testing, injections, TENS treatment, physical therapy and prescription pain medications. The injured worker continues to experience low back pain with radiation to the left hip and left lower extremity. Upon examination, there was tenderness along the lumbar facets bilaterally. Range of motion was reduced due to pain with anterior flexion and extension. Straight leg raises were positive at 45 degrees on the left. A request for Oxycodone, Xanax and Tizanidine medications was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 1-2 tabs q6 prn qty: 100: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

Decision rationale: The claimant has a remote history of a work injury occurring in 1984 and continues to be treated for radiating back pain. Oxycodone is referenced as decreasing pain by more than 50% and allowing for completion of activities of daily living. When seen, there was cervical spine tenderness with muscle spasms and trigger points. There was decreased and painful cervical and lumbar spine range of motion. There was pain over the lumbar facet joints. Straight leg raising was positive on the left side. The total MED (morphine equivalent dose) is less than 90 mg per day. Xanax and tizanidine are being prescribed on a long-term basis. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Oxycodone is a short acting opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing pain control and allowing for activities of daily living. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of oxycodone is medically necessary.

Xanax 0.5mg 1 tab qhs prn qty: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The claimant has a remote history of a work injury occurring in 1984 and continues to be treated for radiating back pain. Oxycodone is referenced as decreasing pain by more than 50% and allowing for completion of activities of daily living. When seen, there was cervical spine tenderness with muscle spasms and trigger points. There was decreased and painful cervical and lumbar spine range of motion. There was pain over the lumbar facet joints. Straight leg raising was positive on the left side. The total MED (morphine equivalent dose) is less than 90 mg per day. Xanax and tizanidine are being prescribed on a long-term basis. Xanax (Alprazolam) is a benzodiazepine which is not recommended for long-term use. Long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Gradual weaning is recommended for long-term users. Therefore the ongoing prescribing of Xanax is not medically necessary.

Tizanidine 4mg 1/2 tab a.m. then 1/2 tab in noon and 3 tabs qhs: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The claimant has a remote history of a work injury occurring in 1984 and continues to be treated for radiating back pain. Oxycodone is referenced as decreasing pain by more than 50% and allowing for completion of activities of daily living. When seen, there was cervical spine tenderness with muscle spasms and trigger points. There was decreased and painful cervical and lumbar spine range of motion. There was pain over the lumbar facet joints. Straight leg raising was positive on the left side. The total MED (morphine equivalent dose) is less than 90 mg per day. Xanax and tizanidine are being prescribed on a long-term basis. Tizanidine is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain. Short-term use is recommended. In this case, Tizanidine is being prescribed on a long-term basis and appears ineffective and the claimant does not have spasticity due to an upper motor neuron condition. It is therefore not medically necessary.