

Case Number:	CM15-0115486		
Date Assigned:	06/23/2015	Date of Injury:	05/31/2007
Decision Date:	07/23/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/16/2015

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: 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:

The injured worker is a 57 year old female, who sustained an industrial injury on May 31, 2007. The injured worker was diagnosed as having headaches, cervical radiculopathy, lumbar radiculitis, depression, chronic pain and rule out left sided temporomandibular joint syndrome (TMJ). Treatment to date has included Transcutaneous Electrical Nerve Stimulation (TENS) unit, epidural steroid injection and medications. A progress note dated March 16, 2015 provides the injured worker complains of migraines, insomnia, neck pain radiating to jaw and left shoulder, shoulder pain and low back pain. The pain is rated 4/10 with medication and 8-9/10 without medication and unchanged from prior visit. She reports constipation and gastrointestinal (GI) upset related to medication. Physical exam notes the use of a cane for ambulation, cervical tenderness with myofascial trigger points and painful decreased range of motion (ROM). The lumbar area is tender on palpation with spasm and decreased range of motion (ROM). The shoulders are tender bilaterally. There is temporomandibular joint tenderness. Magnetic resonance imaging (MRI) studies were reviewed and revealed cervical and lumbar protrusions. The plan includes oral and topical medication, home exercise program (HEP), orthopedic bed, lab work and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Floriset 50-325mg -40mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain, AND "Barbiturate-containing analgesic agents (BCAs)" Page(s): 23, 78-82.

Decision rationale: The requested Floriset 50-325mg -40mg #60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. CA MTUS Chronic Pain Treatment Guidelines, p. 23 "Barbiturate-containing analgesic agents (BCAs)" Not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important. The injured worker has migraines, insomnia, neck pain radiating to jaw and left shoulder, shoulder pain and low back pain. The pain is rated 4/10 with medication and 8-9/10 without medication and unchanged from prior visit. She reports constipation and gastrointestinal (GI) upset related to medication. Physical exam notes the use of a cane for ambulation, cervical tenderness with myofascial trigger points and painful decreased range of motion (ROM). The lumbar area is tender on palpation with spasm and decreased range of motion (ROM). The shoulders are tender bilaterally. There is temporomandibular joint tenderness. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening; nor medical necessity specifically for a barbiturate-containing medication as an outlier to referenced negative guideline recommendations. The criteria noted above not having been met, Floriset 50-325mg -40mg #60 is not medically necessary.

Tizanidine 4mg #60: Upheld

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

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

Decision rationale: The requested Tizanidine 4mg #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has migraines, insomnia, neck pain radiating to jaw and left shoulder, shoulder pain and low back pain. The pain is rated 4/10 with medication and 8-9/10 without medication and unchanged from prior visit. She reports constipation and gastrointestinal (GI) upset related to medication. Physical exam notes the use of a cane for ambulation, cervical tenderness with myofascial trigger points and painful

decreased range of motion (ROM). The lumbar area is tender on palpation with spasm and decreased range of motion (ROM). The shoulders are tender bilaterally. There is temporomandibular joint tenderness. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Tizanidine 4mg #60 is not medically necessary.