

Case Number:	CM15-0128470		
Date Assigned:	07/31/2015	Date of Injury:	10/28/2001
Decision Date:	09/24/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/03/2015

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: Physical Medicine & Rehabilitation

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 54 year old, male who sustained a work related injury on 10-28-01. The diagnoses have included lumbar spine facet disease and right shoulder rotator cuff tear. Treatments have included oral medications and a right shoulder cortisone injection. In the PR-2 dated 6/1/15, the injured worker reports continued, constant pain in his lumbar spine and right shoulder. He has increased pain with bending, lifting and stooping. He has increased pain with the use of his right arm. He states he has radiating pain down his left leg with numbness and tingling in his left foot. He rates his pain level a 6 out of 10. He has limitations of his activities of daily living at 30% of normal. He has a reduction in his pain with the use of medications by 40%. On physical exam, he has tenderness and spasm palpable over the paravertebral muscles. Forward flexion shows 18 inches lacking from fingertips to the floor. Extension is 20 degrees. Right shoulder flexion and abduction measures 170 degrees. Left shoulder is tender to palpation. He has decreased sensation to the left foot and calf to light touch. He has positive straight leg raises with both legs. He is working regular duty. The treatment plan includes continuing Tylenol #3 and Tizanidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue Tylenol #3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Criteria For Use Of Opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The patient presents with lumbar spine and right shoulder rated 6/10. Pain is increased with use of the right upper extremity. The patient indicates numbness and tingling in the left foot, which he describes radiating pain extending down to the left foot. The request is for continue Tylenol #3. The request for authorization is not provided. Physical examination of the lumbosacral spine reveals tenderness and spasm are palpable over the paravertebral musculature. Range of motion is reduced with extension at 20 degrees. Decreased sensation is noted to the left foot and calf to light touch. Straight Leg Raising Test produces pain in the lumbar spine bilaterally. Exam of right shoulder reveals tenderness is palpable. Flexion and abduction measures are 170 degrees. He is experiencing limitation in his activities of daily living at 30% of normal. He has reduction of his pain with use of medications by 40%. Per progress report dated 06/01/15, the patient may continue to perform his usual and customary work duties. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. Treater does not specifically discuss this medication. The patient has been prescribed Tylenol #3 since at least 03/09/15. MTUS requires appropriate discussion of the 4A's, however, 4A's, in addressing the 4A's, treater does not discuss how Tylenol #3 significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed either, specifically showing significant pain reduction with use of Tylenol #3. No validated instrument is used to show functional improvement. Furthermore, there is no documentation or discussion regarding adverse effects and aberrant drug behavior. No UDS, CURES or opioid contracts for review. Given the lack of documentation as required by MTUS, the request does not meet guidelines indication for Tylenol #3. Therefore, the request IS NOT medically necessary.

Continue Tizanidine: Upheld

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

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

Decision rationale: The patient presents with lumbar spine and right shoulder rated 6/10. Pain is increased with use of the right upper extremity. The patient indicates numbness and tingling

in the left foot, which he describes radiating pain extending down to the left foot. The request is for continue Tizanidine. The request for authorization is not provided. Physical examination of the lumbosacral spine reveals tenderness and spasm are palpable over the paravertebral musculature. Range of motion is reduced with extension at 20 degrees. Decreased sensation is noted to the left foot and calf to light touch. Straight Leg Raising Test produces pain in the lumbar spine bilaterally. Exam of right shoulder reveals tenderness is palpable. Flexion and abduction measures are 170 degrees. He is experiencing limitation in his activities of daily living at 30% of normal. He has reduction of his pain with use of medications by 40%. Per progress report dated 06/01/15, the patient may continue to perform his usual and customary work duties. MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain, pg 66: "Anti-spasticity/Antispasmodic Drugs: Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The treater does not specifically discuss these medications. In this case, it appears the treater is initiating a prescription of Tizanidine, as prior progress reports have no discussion of this medication. Since this is the initial prescription for Tizanidine, the treater has not had an opportunity to document its efficacy. Given the patient's ongoing symptoms, the request for Tizanidine appears reasonable. However, treater does not specify the daily dosage or the quantity requested for Tizanidine. There is no guidelines support for open-ended requests. Therefore, the request IS NOT medically necessary.