

Case Number:	CM15-0163514		
Date Assigned:	10/21/2015	Date of Injury:	08/14/2009
Decision Date:	12/08/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/20/2015

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, Arizona,
 Maryland Certification(s)/Specialty: Psychiatry

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 66 year old male who sustained an industrial injury on 8-14-09. A review of the medical records indicates that the worker is undergoing treatment for status post left total knee replacement surgery, status post right knee arthroplasty (2015), contracture left knee, right knee degenerative joint disease, low back pain with radiculopathy-neuropathic pain, disc herniations lumbar spine, cervical strain with radiculopathy, and insomnia. Subjective complaints (7-5-15) include intermittent, sharp pain noted since surgery, rated at 6 out of 10 which is better with Oxycodone. Objective findings (7-5-15) per an inpatient consultation include right knee flexion to approximately 30 degrees, some edema around the right knee and mild tenderness to palpation, and dressing is dry and intact. A urine toxicology screening (3-16-15) was positive for Gabapentin. A treatment plan dated 6-23-15 notes right total knee replacement surgery, skilled nursing facility for 2 weeks post-operatively, continuous passive motion machine, ice therapy machine, post-operative physical therapy, post-operative medications, and in the interim; Cyclobenzaprine 7.5mg #90 and Ondansetron 4mg #30. Previous treatment includes Tizanidine (since at least 5-12-15), Gabapentin, Melatonin, Omeprazole, and Diclofenac (at least since 2-3-15). The requested treatment of Tizanidine unspecified dosage and quantity and Ibuprofen unspecified dosage and quantity was denied on 8- 5-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine, unspecified dosage and quantity: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Per MTUS CPMTG p66 "Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. (Malanga, 2008) Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) 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." The medical records submitted for review indicate that the injured worker suffers from lumbar radiculopathy associated lower back pain. There is no associated muscle spasm or myofascial pain note on exam or in the diagnoses, neither at the time of the RFA nor with the most recent medical record available for my review (10/15 note by [REDACTED]). This medication had been in use for approximately 3 months at the time of the RFA with no documentation of efficacy. Therefore the request is not medically necessary.

Ibuprofen, unspecified dosage and quantity: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steriodal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

Decision rationale: With regard to the use of NSAIDs for chronic low back pain, the MTUS CPMTG states "Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another." "Low back pain (chronic): Both acetaminophen and NSAIDs have been recommended as first line therapy for low back pain. There is insufficient evidence to recommend one medication over the other. Selection should be made on a case-by-case basis based on weighing efficacy vs. side effect profile." The documentation submitted for review indicates that the injured worker has using this medication daily, long term. As it is only recommended for short-term symptomatic relief, the request is not medically necessary. Additionally without specified dosage and quantity the request is not medically necessary and cannot be affirmed.