MAXIMUS Federal Services

Case Number:	CM15-0173459		
Date Assigned:	09/15/2015	Date of Injury:	11/09/1988
Decision Date:	10/21/2015	UR Denial Date:	08/08/2015
Priority:	Standard	Application Received:	09/02/2015

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: Family Practice

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 an industrial injury on 11-9-88. The injured worker reported low back pain. A review of the medical records indicates that the injured worker is undergoing treatments for lumbago, low back pain, and lumbar spinal stenosis. Medical records dated 7-29-15 indicate the injured worker was with "chronic low back pain." Provider documentation dated 7-29-15 noted the work status permanently disabled. Treatment has included status post three back surgeries, sonata since at least February of 2015, Methadone since at least February of 2015, Lyrica since at least February of 2015. Objective findings dated 7-29-15 were notable for "full strength in LUE and normal LUE bulk and tone." The original utilization review (8-8-15) partially approved Tizanidine 4 milligrams quantity of 120 and Methadone 10 milligrams quantity of 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing, Opioid hyperalgesia.

Decision rationale: The long term utilization of opioids is not supported for chronic non-malignant pain due to the development of habituation. tolerance and testosterone imbalance in men. As noted in the MTUS guidelines, a recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. The MTUS guidelines also note that opioid tolerance develops with the repeated use of opioids and brings about the need to increase the dose and may lead to sensitization. As noted in the MTUS guidelines, it is now clear that analgesia may not occur with open-ended escalation of opioids. It has also become apparent that analgesia is not always sustained over time, and that pain may be improved with weaning of opioids. The medical records note that Utilization Review has allowed modification for weaning purposes. The request for Methadone 10 mg #60 is not medically necessary and appropriate.

Tizanidine 4 mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The long term use of muscle relaxants is generally not recommended by the MTUS guidelines. However, tizanidine in setting of neuropathic pain is supported due to it being an alpha 2 receptor agonist. In addition, weaning of opioids has been recommended and tizanidine is supported as an adjuvant for chronic pain. The request for Tizanidine 4 mg #120 is medically necessary and appropriate.