MAXIMUS Federal Services

Case Number:	CM15-0174157		
Date Assigned:	09/24/2015	Date of Injury:	09/22/2007
Decision Date:	10/30/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	09/03/2015

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: Preventive Medicine, Occupational 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 9-22-07. The injured worker is undergoing treatment for lumbosacral hemi laminectomy, lumbar radiculitis, cervical fusion with revision, left shoulder arthroscopic rotator cuff repair, distal clavicle resection and open tenodesis, chronic pain syndrome, headaches and narcotic dependency. Medical records dated 7-17-15 indicate the injured worker complains of left shoulder freezing and pain and back pain. Physical exam dated 7-17-15 notes the "left shoulder remains frozen with crepitus. Lumbar spine is tender with reduced range of motion (ROM) and positive straight leg raise." Treatment to date has included cervical CAT scan, lumbar magnetic resonance imaging (MRI), psychological treatment, surgery, therapy, Tizanidine and Fioricet since at least 10-28-14. The original utilization review dated 8-4-15 indicates the request for Percocet 7.5mg #60 and Xanax 0.5mg #30 is certified for weaning and Fioricet #30 and Tizanidine 4mg #30 is non-certified noting Fioricet is not recommended for chronic pain and Tizanidine is for short-term use of muscle spasm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet #30: 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): Barbiturate-containing analgesic agents.

Decision rationale: MTUS Guidelines are very specific with the recommendation that this medication should not be utilized for chronic pain disorders including recurrent headaches. There are no unusual circumstances that would justify an exception to the Guideline recommendations. The Fioricet #30 is not supported by Guidelines. The Fioricet is not medically necessary.

Tizanidine 4 MG #30: 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: MTUS Guidelines do not recommend the long-term daily use of muscle relaxants for chronic pain. However, the Guidelines do allow for an exception with Zanaflex. The Guidelines point out that this is not a sedating drug and it has good evidence of benefit for chronic low back pain and chronic myofascial pain. The recommended use is a very low dose and it is opinioned to be of benefit with qhs dosing. Under these circumstances, the Tizanidine 4 MG #30 is medically necessary.