

Case Number:	CM15-0029000		
Date Assigned:	02/23/2015	Date of Injury:	10/15/2009
Decision Date:	04/01/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/17/2015

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: New Jersey, New York
 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 52 year old male, who sustained an industrial injury on October 15, 2009. He has reported he fell off a potato truck. The diagnoses have included chronic lumbar pain and right greater than left lower extremity pain and weakness. Treatment to date has included oral pain medications. Currently, the injured worker complains of cervical, thoracic and lumbar pain. In a progress note dated January 28, 2015, the treating provider reports some diffuse tenderness over the lumbar spine and sacrococcygeal area, worse on the right, uses a cane for ambulation and favors the right lower extremity. On February 10, 2015 Utilization Review non-certified a Tizanidine 2mg quantity 60, Flector 1.3percent patch quantity 90, and Endocet 10/325mg quantity 120, noting, Medical Treatment Utilization Schedule Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 2mg #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

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

Decision rationale: The request for Tizanidine is not medically necessary. Tizanidine is FDA approved for the management of spasticity, but used off-label to treat low back pain. It is also used for chronic myofascial pain. According to MTUS guidelines, muscle relaxants may be "effective in reducing pain and muscle tension and increasing mobility. However, in most lower back cases, they show no benefit beyond NSAIDs in pain and overall improvement." There is also no benefit to the combination of muscle relaxants and NSAIDs. Efficacy wanes over time and chronic use may result in dependence. Muscle relaxants should be used for exacerbations but not for chronic use. Therefore, the request is considered not medically necessary.

Flector 1.3% patch #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Diclofenac, topical.

Decision rationale: A Flector patch is not medically necessary. The use of topical analgesics is largely experimental with few RCTs to determine efficacy or safety. It is primarily recommended for neuropathic pain which this patient does not seem to have. It is not recommended as first-line treatment but may be an option if there is a risk of adverse effects from oral NSAIDs. However, there was no documentation of adverse effects with oral NSAIDs. Therefore, Flector is medically unnecessary.

Endocet 10/325mg 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request for Endocet is not medically necessary. The patient has been on opiates for unclear amount of time without objective documentation of the improvement in pain. There is no documentation of functional improvement. There is no documentation of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. There are no urine drug screens or drug contract documented. There are no clear plans for future weaning, or goal of care. Because of these reasons, the request for Endocet is considered medically unnecessary.