

Case Number:	CM15-0063029		
Date Assigned:	04/09/2015	Date of Injury:	04/22/2002
Decision Date:	05/07/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/03/2015

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: Arizona, 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 59 year old female, who sustained an industrial injury on 4/22/2002. She reported low back and bilateral knee pain. The injured worker was diagnosed as having lumbago, lumbar radiculopathy, knee pain, spondylolisthesis, myofascial pain, opioid dependence, and chronic pain syndrome. Treatment to date has included medications, and surgery. The request is for Tizanidine, MS Contin, and Oxycodone IR. On 1/13/2015, she was seen for back pain, and follow up after left total knee replacement. The records indicate she has osteonecrosis of the knees. She had total knee replacement of the left knee on 12/16/2014, and is reported to be recovering well. The treatment plan included: right total knee replacement, and physical therapy. The records indicate no aberrant behavior regarding medications. She reported restless legs which keep her awake at night. Prescriptions were provided for MS Contin 15 mg three times daily #90, Oxycodone IR 10mg 1-2 tables up to 4 times daily #240, Tizanidine 2mg up to 3 tablets at bedtime and may repeat 1x nightly #100 with 5 refills. He is also to continue Celebrex, Voltaren, and Fluoxetine. He has been prescribed Tizanidine, MS Contin, and Oxycodone since at least 10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 2mg quantity 100 with five refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 64-66.

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

Decision rationale: According to the MTUS guidelines, Zanaflex (Tizanidine) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. It falls under the category of muscle relaxants. According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the claimant had been on muscle relaxants the prior months for restlegs and prescribed for 5 more months. Continued and chronic use of muscle relaxants/antispasmodics is not medically necessary. Therefore, Tizanidine is not medically necessary.

Morphine Sulfate (MS Contin) 15mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Morphine is an opioid that is not indicated 1st line for knee or back pain. The claimant had been on Morphine and Oxycodone for months. The pain was consistent at 2/10 for several months. There was no indication of weaning attempt or dose reduction. In addition, long-term use of opioids is not recommended. Failure of 1st line medications such as tricyclics and/or Tylenol is not mentioned. Continued use is not medically necessary.

Oxycodone Immediate Release 10mg quantity 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Weaning of Medications Page(s): 92, 93, 76-80; 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Oxycodone is an opioid that is not indicated 1st line for knee or back pain. The claimant had been on Morphine and Oxycodone for months. The pain was consistent at 2/10 for several months. There was no indication of weaning attempt or dose reduction. In addition, long-term use of opioids is not recommended. Failure of 1st line medications such as tricyclics and/or Tylenol is not mentioned. Continued use is not medically necessary.