MAXIMUS Federal Services

Case Number:	CM15-0098098		
Date Assigned:	07/15/2015	Date of Injury:	04/09/1999
Decision Date:	09/10/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/21/2015

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 York
Certification(s)/Specialty: Pediatrics, Internal 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 67 year old, male who sustained a work related injury on 4/9/99. The diagnoses have included status post low back surgery x 2, chronic lumbosacral strain, multilevel lumbar spondylosis and herniated disc. Treatments have included oral medications, medicated gel, physical therapy and TENS unit therapy. In the PR-2 dated 4/30/15, the injured worker complains of constant low back pain with radicular pain in both legs with associated numbness and tingling in legs. He rates his pain level a 6/10. He has decreased range of motion in lumbar spine. He is not working. The treatment plan includes refill prescription for medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Methadone 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone, Opioids Page(s): 61-62, 80-93.

Decision rationale: Per CA MTUS guidelines, Methadone is "recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The FDA reports that they have received reports of severe morbidity and mortality with this medication. This appears, in part, secondary to the long half-life of the drug (8-59 hours). Pain relief on the other hand only lasts from 4-8 hours. Methadone should only be prescribed by providers experienced in using it. (Clinical Pharmacology, 2008)" Adverse side effects may be delayed due to chronic use. It has the potential for abuse. "This product is only FDA-approved for detoxification and maintenance of narcotic addiction." he has been taking this medication off and on since before 12/2012. If it has not been covered by Worker's Compensation, he has been paying for it. There are no documented urine drug screens included in the medical records. There is insufficient documentation on how he is using this medication such as dosage, frequency and if it is controlling his pain. There is insufficient documentation on pain levels and functional capabilities. He is not on Methadone for detoxification. Weaning should be considered. For these reasons, the requested treatment of Methadone is not medically necessary.

One prescription of Tizandine 4mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Tizanidine Page(s): 63-66, 111.

Decision rationale: Per CA MTUS guidelines, Tizanidine is a muscle relaxant used "as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." "However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." "Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." "Tizanidine (Zanaflex, generic available) 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." He has been on Tizanidine since before 12/2012. He does not complain of muscle spasms. There is insufficient documentation on how this medication is decreasing his pain or how it is improving his functional capabilities. It is unlabeled for use for low back pain. For these reasons, the requested treatment of Tizanidine is not medically necessary.