

Case Number:	CM15-0098419		
Date Assigned:	05/29/2015	Date of Injury:	06/01/1993
Decision Date:	07/02/2015	UR Denial Date:	04/30/2015
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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 62 year old male, who sustained an industrial injury on 6/1/1993. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbar radiculopathy, knee pain, osteomyelitis, bilateral rotator cuff tear and degenerative scoliosis. There is no record of a recent diagnostic study. Recent treatment to date has included therapy and medication management. Currently, the injured worker complains of low back pain, neck pain and shoulder pain. Physical examination showed increased lumbar spasm and decreased shoulder and bilateral knee range of motion. The treating physician is requesting Oxycodone 15 mg #144, Tizanidine 4 mg #90 and Acidophilus #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Oxycodone 15mg #144: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-81.

Decision rationale: According to MTUS guidelines, Oxycodone as well as other short acting opioids are indicated for intermittent or breakthrough pain (page 75). It can be used in acute post operative pain. It is not recommended for chronic pain or long term use as prescribed in this case. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear documentation of functional improvement with previous use of Oxycodone. There is no documentation of significant pain improvement with previous use of Oxycodone. There is no recent documentation of compliance/side effects with previous use of Narcotics. MTUS guidelines do not recommend Oxycodone as PRN medication. Therefore, the prescription of Oxycodone 15 mg #144 is not medically necessary.

One (1) prescription of Tizanidine 4mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Muscle Relaxants (for pain).

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

Decision rationale: According to MTUS guidelines, a non-sedating muscle relaxant is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient was previously treated with Tizanidine for more than 4 months, which is considered a prolonged use of the drug. There is no continuous and objective documentation of the effect of the drug on patient's pain, spasm and function. There is no recent documentation for pain exacerbation or failure of first line treatment medication. Therefore, the request for Tizanidine 4mg #90 is not medically necessary.

One (1) prescription of Acidophilus #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicine.Net.

Decision rationale: According to Medicine.Net, "Lactobacillus acidophilus is an acid producing bacteria that is available in dietary supplements to restore the normal intestinal flora. Lactobacillus acidophilus bacterial strains are normal colonizers of the bowel and work by inhibiting or decreasing the growth of harmful microorganisms in the gut by producing lactic acid. Preparations that contain these bacteria are considered to be probiotics, dietary supplements that contain live bacteria that when taken orally, restore beneficial bacteria to the body (GI tract) and promote good health". There is no documentation that the patient developed an abnormal intestinal flora. Therefore, the request for Acidophilus #90 is not medically necessary.