

Case Number:	CM14-0142188		
Date Assigned:	09/10/2014	Date of Injury:	11/12/1996
Decision Date:	10/06/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

60 yr. old male claimant sustained a work injury on 11/12/96 involving the neck, hip and low back. He was diagnosed with lumbar disc degeneration, occipital neuralgia, depression, and trochanteric bursitis. A progress note on 8/6/14 indicated the claimant had 9/10 pain, which improved with medication. His sleep was limited due to pain. The chronic pain had also caused continued depressed mood. Medications were causing constipation. Exam findings were notable for increased pain with range of motion of the back and hips. There was trapezial tenderness and weakness in both hands. The claimant was continued on Fioricet, Norco, Mobic and topical Terocin for pain. Amitriptyline was used for headaches. Tizandine 4 mg was given 3 times daily for muscle spasms. The claimant had been on the above regimen for several months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butalbital-Acetaminophen 50-325-40 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-Containing Analgesic Agent, Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate Page(s): 23.

Decision rationale: Butalbital/APAP(Fioricet) contains barbiturates. According to the MTUS guidelines, barbiturates are not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache. Based on the above, continued use of Fioricet is not medically necessary.

Tizanidine 4MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drug Page(s): 66.

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

Decision rationale: According to the MTUS guidelines, Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. This class of muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the claimant had been on the medication for several months with continued symptoms. The continued long-term use of Tizanidine is not medically necessary.

Meloxicam 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: According to the MTUS guidelines, NSAIDs (such as Mobic./Meloxicam) are recommended for chronic back pain as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. In this case, the claimant had been on Mobic for months. There was no evidence of Tylenol failure. The continued use of Meloxicam is not medically necessary.