MAXIMUS Federal Services

Case Number:	CM13-0003235		
Date Assigned:	12/27/2013	Date of Injury:	03/11/2003
Decision Date:	03/26/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	07/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California, Washington DC, Maryland, and Florida. 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 physician 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:

The patient is a 50 year old male with stated date of injury of 03/11/2003. Mechanism of injury is not described. In the progress report dated 4/18/2013 the patient presented complaining of lower backache Pain level has increased since last visit. He does not report any change location of pain. Patient reports right side hip got better with shot but now the left side hip hurts more and left side shoulder on this V1sit. Quality of sleep is fair. His activity level has decreased. He is S/P right SI joint injection on 3/26/13. He states that it decreased his right sided pain by 75%, but now he c/o increased left sided SI Joint pain. He also continues to have some left shoulder pain from the incident last month when the transmission fell on him. He states that he reported it to his work. Diagnosis: 724.5 Low Back Pain 724.6 Sacroiliac Pain Current Medications: 1 Zanaflex 4mg Tab SIG: Take 1 three times a day as needed 2 Omeprazole 20mg Tablet SIG Take 1 Daily 3 Gralise Er 600 Mg Tablet SIG Take 4 tablets PO QHS 4 F1ector L3 % Adh Patch SIG: One patch to skin QDay 5 Terocin Lotion 25-25-0,025-10 % SIG Apply as chrected 6 Doxepin 10 mg Capsule SIG: Take I at bedtime as needed 7 Norco 10/325 Tablet SIG: Take I every 4-6 hours as needed for pain (maximum 6/day) 8 Oxycodone 15mg Tablet SIG: Take 1 Daily as needed At issue is the request for Norco 10/325 mg#150, Oxycodone 15 mg #30; and Zanaflex 4 mg #90 which were denied for lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco; 10/325 mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-76 and 82.

Decision rationale: With respect to the request for Norco 10/325mg #150, this is not supported by the guidelines. The medical report states that the pain medications only caused little relief of pain. Significant pain relief and functional improvement as a result of the intake of Norco was not specified to justify the continuation of this medication. The guidelines does not recommend opioid as a first-line treatment for chronic non-malignant pain, and not recommended in patients at high risk for misuse, diversion, or substance abuse. ODG states: Recommended as a 2nd or 3rd line treatment option at doses â¿¤ 120 mg daily oral morphine equivalent dose (MED). Given that the patient has not had any long-term functional improvement gains from taking Norco over the past several months, it is warranted for the patient to begin weaning from Norco. It appears the patient has been of Norco since July of 2012, with no significant improvement in pain symptoms. The guidelines stated that Opioids should be discontinued if there is no overall improvement in function, and they should be continued if the patient has returned to work or has improved functioning and pain. If tapering is indicated, a gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms and Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. Therefore, the request for Norco 10/325mg #150 is not medically necessary.

Oxycodone; 15 mg #30: Upheld

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

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

Decision rationale: With respect to Oxycodone 15 mg #30, the guidelines stated that Opioids should be discontinued if there is no overall improvement in function, and they should be continued if the patient has returned to work or has improved functioning and pain. If tapering is indicated, a gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms and Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. Also the patient is on two opioid class of analgesics since 2012, with no added benefit in terms of decrease in pain level. Therefore the request for Oxycodone 15 mg #30 is not medically necessary.

Zanaflex; 4 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispastic antispasmodic drugs Page(s): 66.

Decision rationale: With respect to Zanaflex 4 mg #90 (a non-sedating muscle relaxant), the guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term (less than two weeks) treatment of acute LBP and for short-term treatment of acute exacerbations in patients with chronic LBP. There is no indication that the first line recommended medication has failed in controlling the patient pain symptoms. .Beside being unlabelled for low back pain treatment, there is no documentation of this patients renal or hepatic function test result in the record reviewed prior to prescription of this medication. This medication is related to clonidine and should not be discontinued abruptly. Weaning should occur gradually, particularly in patients that have had prolonged use. This reviewer considers the prescription of Zanaflex 4 mg #90 is not medically necessary.