

Case Number:	CM13-0007426		
Date Assigned:	03/07/2014	Date of Injury:	11/08/1991
Decision Date:	06/30/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/06/2013

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 Orthopaedic Surgery and is licensed to practice in Mississippi. 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:

The injured worker is a 55-year-old female injured in November 1991. The injured worker presents with back and ankle pain rated 8/10 on the pain scale. The injured worker's bilateral hip pain reportedly seems to come from her pelvis. Swelling of the ankles is reported. Pain in the neck, with weakness in the right elbow affects the claimant's ability to hold objects. Radiation from the neck to the right elbow is noted. Walking is limited due to hip and ankle pain. The injured worker is taking medications regularly, and tolerates them well. The record notes that despite the medications that she is on which includes Nucynta, MS Contin, a Duragesic patch, Valium, and Xanax the injured worker continues to have pain rated 8/10 on the visual analog scale (VAS). The medical record indicates that the injured worker denies having any changes to her medical history, as was documented in her last appointment. The diagnoses include cervical spine strain, cervical myofascial pain, bilateral carpal tunnel syndrome, right trigger finger, status post L5-S1 fusion, lumbar disc disease, lumbar radiculopathy, lumbar facet arthropathy, migraine headache, insomnia, and anxiety. There is no diagnosis noted of opioid hyperalgesia, or opioid dependence. The physical examination indicated a decreased range of motion of the cervical spine, and decreased range of motion of the lumbar spine. The treatment recommendation is to hold off on injections due to the injured worker having not received clearance from her endocrinologist, a refill of all the above noted medications (two-month supply), a urine toxicology screening, continued follow-up with the rheumatologist, and follow-up in 2 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE NUCYNTA 100MG, #120, (DOS: 5/23/13): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain: Tapentadol (Nucynta).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Appendix A, ODG Workers' Compensation Drug Formulary

Decision rationale: The California MTUS Guidelines do not address this medication. Therefore, the Official Disability Guidelines (ODG) guidelines are used. This request is recommended for non-certification as the injured worker is simultaneously receiving multiple opiates, with a combined morphine equivalent dose (MED) value of greater than 260, with no efficacy noted. Ongoing pain rated 8/10 on the visual analog scale (VAS), despite the use of multiple medications is noted. According to the guidelines chronic opioid management, this is a flag to indicate additional evaluation/diagnostics and/or consideration of other factors related to chronic opioid management. There is no indication in the medical record of an opioid hyperalgesia, or dependency or any notation that these medications are necessary due to a weaning protocol. In the absence of documentation of noted efficacy with the use of these medications, there is no guideline support to justify the ongoing use. Additionally, the combined MED is greater than that supported by ODG guidelines (120m). Though a urine drug screen protocol is referenced, an opioid agreement is not. The clinical data available does not substantiate the medical necessity for the use of this medication, in combination with the multiple other medications with high abuse potential, that are noted to be used simultaneously, and on a chronic basis. Therefore, this request is not medically necessary.

RETROSPECTIVE VALIUM 5MG, #30, (DOS: 5/23/13): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines BENZODIAEPINES. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Valium (Diazepam) is a benzodiazepine that is not recommended by the Chronic Pain Medical Treatment Guidelines. It is commonly used for the treatment of anxiety disorders and panic disorders, and as a 2nd line agent for the treatment of acute, severe, muscle spasms. This medication, and all benzodiazepines, has a relatively high abuse potential. It is not recommended for long-term use because long-term efficacy is unproven. Tapering of this drug may take weeks to months. Most guidelines limit the use of this medication to 4 weeks. The record reflects that this medication is being prescribed for long term use. Additionally, there is no recent documentation of improvement in functionality with the use of this medication. Since

this request is retrospective, there is no need for weaning. Therefore, this request is recommended for non-certification.

RETROSPECTIVE FENTANYL PATCH 50MCG, #10, (DOS: 5/23/13): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Appendix A, ODG Workers' Compensation Drug Formulary

Decision rationale: This request is not recommended because the injured worker is simultaneously receiving multiple opiates, with a combined morphine equivalent dose (MED) value of greater than 260, with no efficacy noted. Ongoing pain rated 8/10 on the VAS, despite the use of multiple medications is noted. According to the Official Disability Guidelines chronic opioid management, this is a flag to indicate additional evaluation/diagnostics and/or consideration of other factors related to chronic opioid management. There is no indication in the medical record of an opioid hyperalgesia, or dependency or any notation that these medications are necessary due to a weaning protocol. In the absence of documentation of noted efficacy with the use of these medications, there is no guideline to support the ongoing use. Additionally, the combined MED is greater than that supported by the guidelines (120mg). Though a urine drug screen protocol is referenced, an opioid agreement is not. The clinical data available does not substantiate the medical necessity for the use of this medication, in combination with the multiple other medications with high abuse potential, that are noted to be used simultaneously, and on a chronic basis. Therefore, this request is not medically necessary.

RETROSPECTIVE ZANAFLEX 4MG (DOS: 5/23/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain), Tizanidine (Zanaflex®).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Zanaflex.

Decision rationale: According to Chronic Pain Medical Treatment Guidelines, Zanaflex (Tizanidine) is an anti-spasmodic medication typically used to address muscle spasm. It is a first-line agent for the treatment of chronic myofascial pain and is recommended as an adjunct for use in the treatment of fibromyalgia. Muscle relaxants are only indicated as second line options for short-term treatment. It is unlabeled for use in low back pain. The record indicates that this medication is being used on a chronic basis, and there is no efficacy noted with the use of this medication. Based on the clinical history provided, there is no clinical indication for the use of tizanidine on a chronic basis. Therefore, this request is not medically necessary.

RETROSPECTIVE XANAX 1MG (DOS: 5/23/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Xanax. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Xanax (Alprazolam) is used for the treatment of anxiety disorders and panic disorders. According to Chronic Pain Medical Treatment Guidelines, this medication has a relatively high abuse potential. It is not recommended for long-term use because long-term efficacy is unproven. Tapering of this drug may take weeks to months. The Chronic Pain Medical Treatment Guidelines limit the use of this medication to 4 weeks. The record reflects that this medication is being prescribed for long-term use. Additionally, Valium, another benzodiazepine, is being used concurrently without sufficient documentation as to the necessity of two benzodiazepines. Based on the clinical information available, this request is not medically necessary.

RETROSPECTIVE MS CONTIN 30MG, #60, (DOS: 5/23/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Morphine Sulfate, extended release.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Appendix A, ODG Workers' Compensation Drug Formulary

Decision rationale: This request is not recommended because the injured worker is simultaneously receiving multiple opiates, with a combined morphine equivalent dose (MED) value of greater than 260, with no efficacy noted. Ongoing pain rated 8/10 on the VAS, despite the use of multiple medications is noted. According to the Official Disability Guidelines (ODG), chronic opioid management, this is a flag to indicate additional evaluation/diagnostics and/or consideration of other factors related to chronic opioid management. There is no indication in the medical record of an opioid hyperalgesia, or dependency or any notation that these medications are necessary due to a weaning protocol. In the absence of documentation of noted efficacy with the use of these medications, there is no guideline to support the ongoing use. Additionally, the combined MED is greater than that supported by the guidelines (120mg). Though a urine drug screen protocol is referenced, an opioid agreement is not. The clinical data available does not substantiate the medical necessity for the use of this medication, in combination with the multiple other medications with high abuse potential, that are noted to be used simultaneously, and on a chronic basis. Therefore, this request is not medically necessary.

RETROSPECTIVE URINE TOXICOLOGY SCREENING (DOS: 5/23/13): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen. Decision based on Non-MTUS Citation University of Michigan Health

System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), page 33.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 43.

Decision rationale: The Chronic Pain Medical Treatment Guidelines support the use of urine drug screening as part of ongoing chronic opioid management. When noting the injured worker's depression diagnosis, lack of efficacy despite the multiple medications with strong abuse potential, there is a clinical indication for the use of urine drug screening for the management of this individual's chronic pain. Therefore, this request is medically necessary.