

Case Number:	CM13-0007721		
Date Assigned:	11/27/2013	Date of Injury:	04/09/2003
Decision Date:	01/24/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/05/2013

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 Physical Medicine and Rehabilitation 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 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:

40 y.o. female with injury date of 4/9/03. Diagnosis is spinal stenosis in cervical region, spasmodic torticollis, displacement cervical intervertebral disc, brachial neuritis per report 7/15/13 by [REDACTED]. Utilization review letter from 8/21/13 was reviewed. Restoril and Valium were denied due to their lack of support from the guidelines; Zanaflex was denied as there was lack of spasticity and that muscle relaxants are recommended for a short-term use. Opiates were denied due to lack of documentation of functional gain. 7/15/13 states that the patient presents with 5/10 pain in the cervical spine, radiate down to the left shoulder, constant dull ache, sharp shooting pain with muscle tightness/spasms. Oramorph and percocet is effective in decreasing her pain to a manageable level and increasing function and quality. No adverse reactions are noted. Examination was pertinent for palpable myofascial band to bilateral splenius, trap. All of the medications were requested including a urine drug screen (UDS) twice. There is an AME report from 2009, but report not relevant to current discussion. The patient was on Zanaflex qid, Methadone, Percocet, Restoril/Trazodone, Wellbutrin and lidoderm patches at the time. The patient has had surgery in the neck with discectomy/fusion at C5-6 in 2007 followed by fusion at C4-5 in 2009. Timely authorization of medication was recommended as the patient was having trouble filling them. No discussion regarding meds other than that they help. A report from 2011, indicates an AME discussing medications that were being denied but filled. A report from 11/5/12 states that the patient had to pay out of pocket for Oramorph. No discussion regarding the patient's response to meds in terms of pain relief, and function. 1/8/13 report has the patient's pain at 4/10, meds are helping with pain, increase function and quality. 2/5/13 report has current pain level at 5/10, has poor sleep. 3/8/13 report has patient's pain at 4/10,

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Restoril 15mg, #18 between 7/5/13 and 10/15/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Restoril (temazepam), Benzodiazepines.

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

Decision rationale: MTUS does not support the use of Benzodiazepines for chronic pain. Restoril is a benzodiazepine and the treater is prescribing this medication for insomnia for long-term use. MTUS only recommends short-term use, at most 4 weeks. Recommendation is for denial.

One prescription of Zanaflex 4mg, #25 between 7/15/13 and 1/15/13: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 66.

Decision rationale: The treater's recent report documents myofascial pain with taut band and tenderness/spasms. When reading MTUS carefully under Zanaflex section, chronic use of Zanaflex is supported for myofascial pain and fibromyalgia. This patient does suffer from myofascial pain. It is documented on examination. Recommendation is for authorization.

One prescription of Valium 10mg, #18 between 7/15/13 and 10/15/13: Upheld

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

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

Decision rationale: MTUS guidelines do not support chronic use of Benzodiazepine. Valium is a Benzodiazepine and the review of the reports show that this patient has been on Valium for a long-term. MTUS does not recommend using this medication for longer than 4 weeks. Recommendation is for denial.

Two random urine drug screens: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for clinical care, pg 10

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: This patient suffers from chronic neck and upper extremity pains. The patient has been on opiates for quite some time, The request is for the two UDS's obtained during the course of this patient's pain management. The review of the reports show that the patient had urine drug screens on 12/5/12 and on 5/17/13. MTUS supports the use of random urine drug screens to help manage chronic opiate use. While MTUS does not discuss how frequent these should be obtain, only stating frequently for patients with dependency issues, ODG guidelines have a more comprehensive discussion. ODG recommends yearly random UDS's for low risk patients. In this case, the reports show that the patient had one in 2012 and another one in 2013. Recommendation is for authorization. Going forward, and since the opiates are recommended for denial due to lack of documentation of their efficacy, future UDS's will not be necessary. However, for the ones obtained in 2012 and 2013 while the patient was on opiates, UDS were appropriate and consistent with MTUS/ODG guidelines.

One prescription of Oramorph 50mg, #58 between 7/15/13 and 10/15/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 88-89.

Decision rationale: This patient suffers from chronic neck and upper extremity pains with history of two cervical fusion surgeries in the past. The patient's on-going pain is well documented but the treater fails to provide adequate documentation for the chronic use of opiates. MTUS recommends documentation of pain, function and quality of life. The treater does provide this to a degree stating that medications help decrease pain, improve function and quality in each report. However, MTUS requires documentation of function compared to baseline and "functioning should be measured at 6-month intervals using a numerical scale or validated instrument." In this patient, such numerical scale of functioning is not provided despite review of about 8 months of reports. Under outcome measures, MTUS further requires documentation of current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. As it is, without a more detailed documentation, it is unclear whether or not opiates themselves are contributing to the patient's pain. On one of the visits, the patient's Oramorph was increased by one extra pill a night and saw the next visit's pain level increase to 8/10 from 4/10 with the patient requesting for more medications. Under opioid hyperalgesia, MTUS discusses that when patients experience increase in pain with opiates, reduction and not increase in medication should be considered. Given the lack of proper documentation regarding chronic use of opiates, recommendation is for denial.

One prescription of Percocet 10/325mg, #117 between 7/15/13 and 10/15/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 88-89.

Decision rationale: This patient suffers from chronic neck and upper extremity pain with a history of two cervical fusion surgeries. The patient's on-going pain is well documented, but the treater fails to provide adequate documentation for the chronic use of opiates. MTUS recommends documentation of pain, function and quality of life. The treater does provide this, to a degree, stating that medications help decrease pain, improve function and quality in each report. However, MTUS requires documentation of function compared to baseline and "functioning should be measured at 6-month intervals using a numerical scale or validated instrument." In this patient, such numerical scale of functioning is not provided despite review of about 8 months of reports. Under outcome measures, MTUS further requires documentation of current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. As it is, without more detailed documentation, it is unclear whether the opiates prescribed are effective in mitigating the patient's pain and/or contributing to the patient's functional improvement. In fact, there is evidence that the patient's pain is actually escalating with the addition of medications, as seen when the patient's Oramorph was increased and her pain scale increased on the next visit from 4/10 on her last visit to 8/10, which resulted in the patient asking for more medications. Under opioid hyperalgesia, MTUS discusses that when patients experience an increase in pain with opiates, a reduction and not an increase in medication should be considered. Given the lack of proper documentation, according to MTUS guidelines regarding chronic use of opiates, recommendation is for denial.