

Case Number:	CM13-0016368		
Date Assigned:	11/06/2013	Date of Injury:	07/13/2012
Decision Date:	01/23/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/26/2013

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, has a subspecialty certificate in Interventional Spine, 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:

The IMR application lists the injury date as 7/13/12 and shows a dispute with the 8/16/13 UR decision. The 8/16/13 UR letter modifies the Tizanidine 4mg to #30 and Venlafaxine HCL ER 75mg to #30, and denies use of Methadone HCL 5mg, Capsaicin 0.075% cream and Hydrocodone 10/325mg. The patient is described as a 42-year-old, male [REDACTED] Officer that was involved in an motor vehicle accident on 7/13/12 and injured his neck and lower back. The 7/25/13 report from the requesting physician states the patient has multiple claims, but this one pertains to the low back injury. He started Methadone and is titrating up to 3 per day. The patient was not sure if it was as helpful as the Opana was. He takes the Norco for flare-ups and found it helpful in combination with Methadone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone Hcl 5mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Therapeutic Trial of Opioids Page(s): 76-80.

Decision rationale: The records show the physician was titrating up the Methadone on the 7/15/13 report. The pain management physician's progress notes, including the 3/22/13, 4/25/13, 5/10/13, 6/6/13, 6/14/13, 7/25/13, 8/9/13, 8/15/13 and 9/5/13 reports were reviewed, but they do not discuss baseline pain levels. Only the 8/9/13 report states the pain is 7/10 with medications and the 8/15/13 report states the medications bring the pain to 5/10 levels, but the baseline is unknown, and it is unknown what the pain levels are without medications or if there is any improved function or improved quality of life. With a trial of Methadone, MTUS states to continue if: (a) the patient has returned to work; or (b) there is improved functioning and pain. The criteria have not been met. Continuing with the medication is not in accordance with MTUS guidelines.

Capsaicin 0.075% Cream (QTY: 1): 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 Section on Topical Analgesics Page(s): 111-113.

Decision rationale: MTUS states Capsaicin is an option if the patient has not responded to or is intolerant of other treatments. There is no discussion on the patient response to prior treatments (or current treatments) in the reports from 3/22/13 through 9/5/13.

Tizanidine 4mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex). Page(s): 8-9.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Muscle Relaxants for pain, and Section on Pain Outcomes and Endpoints, Page(s): 66, 8.

Decision rationale: MTUS on page 9 states, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement." On page 8 it states, "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." As there is no reporting on the efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, improved function, or improved quality of life with the use of tizanidine. MTUS does not recommend continuing treatment if there is not a satisfactory response.

Hydrocodone/APAP 10/325mg, #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Pain Outcomes and Endpoints, and Section on Long-term Opioid use Page(s): 8-9, 88-89.

Decision rationale: MTUS on page 9 states, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement." On page 8 it states, "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." As there is no reporting on the efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, improved function, or improved quality of life with the use of Norco (hydrocodone/APAP). MTUS does not recommend continuing treatment if there is not a satisfactory response.

Venlafaxine Hcl ER 75mg, #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 Section on Pain Outcomes and Endpoints and Section on Antidepressants for chronic pain Page(s):.

Decision rationale: MTUS on page 9 states, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement." On page 8 it states, "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." As there is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, improved function, or improved quality of life with the use of Venlafaxine. MTUS does not recommend continuing treatment if there is not a satisfactory response.