

Case Number:	CM13-0021103		
Date Assigned:	10/11/2013	Date of Injury:	10/26/1993
Decision Date:	01/17/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/05/2013

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 & Rehabilitation, has a subspecialty certificate in Pain Medicine, and is licensed to practice in Oklahoma and Texas. 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 63-year-old male who reported an injury on 10/26/1993. The patient is currently diagnosed with sacroiliac pain and chronic back pain. The patient was recently seen by [REDACTED] on 08/01/2013. The patient reported 8/10 pain with complaints of muscle spasms. Physical examination revealed antalgic gait, restricted range of motion of the lumbar spine, tenderness to palpation of bilateral paravertebral muscles, positive Gaenslen's testing, positive Faber's testing, tenderness over the posterior iliac spine on the left, and trigger points with a radiating pain and a twitch response at the lumbar paraspinal muscles on the left. The patient demonstrates 5/5 motor strength of bilateral lower extremities and intact sensation. Treatment recommendations included continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as a non-sedating, second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. However, in most lower back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. As per the clinical notes submitted, the patient has continuously utilized Zanaflex 4 mg on an as needed basis. The patient continued to report 8/10 pain with muscle spasm and poor sleep quality. Satisfactory response to treatment has not been indicated by decrease in level of pain, increase in level of function, or overall improved quality of life. Continuation of this medication cannot be determined as medically appropriate. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

Soma: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Muscle relaxants (for pain) and Section on Weaning of Medications Page(s): 63-66 and.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating, second-line options for short-term treatment of acute exacerbations in patients with chronic low back pain. However, in most lower back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Soma is not recommended for longer than a 2- to 3-week period. As per the clinical notes submitted, the patient had been continuously utilizing Soma 350 mg on an as needed basis. The patient continued to report 8/10 pain with muscle spasm and poor sleep quality. Physical examination on 08/01/2013 revealed trigger points with radiating pain and a twitch response, decreased range of motion, and tenderness to palpation. Satisfactory response to treatment has not been indicated. Continuation of this medication cannot be determined as medically appropriate. Therefore, the request is non-certified.

Oxycodone: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Opioids Page(s): 74-82.

Decision rationale: California MTUS guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. On-going review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. Opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. As per the clinical notes submitted, the patient has been continuously utilizing this medication. Despite the on-going use, the patient continues to report high levels of pain,

poor sleep quality, and muscle spasm. Physical examination continues to reveal decreased range of motion, tenderness to palpation, positive Gaenslen's and Faber's testing, and positive trigger points. There is no evidence of a satisfactory response to treatment which has been indicated by the patient's decrease in pain, increase in function, or improved quality of life. Therefore, continuation cannot be determined as medically appropriate. A previous non-certification determination was issued in 08/2013; therefore, the weaning process should have been initiated. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

Oxycontin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Opioids Page(s): 74-82.

Decision rationale: California MTUS guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. On-going review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. Opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. As per the clinical notes submitted, the patient has been continuously utilizing this medication. Despite the on-going use, the patient continues to report high levels of pain, poor sleep quality, and muscle spasm. Physical examination continues to reveal decreased range of motion, tenderness to palpation, positive Gaenslen's and Faber's testing, and positive trigger points. There is no evidence of a satisfactory response to treatment which has been indicated by the patient's decrease in pain, increase in function, or improved quality of life. Therefore, continuation cannot be determined as medically appropriate. A previous non-certification determination was issued in 08/2013; therefore, the weaning process should have been initiated. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

Colace: 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 Opioids Page(s): 77.

Decision rationale: California MTUS Guidelines state prior to the initiation of opioid treatment, a prophylactic treatment of constipation should also be initiated. Official Disability Guidelines state opioid-induced constipation is a common adverse effect of long term opioid use. First line treatment includes increasing physical activity, maintaining appropriate hydration by drinking enough water, and advising the patient to follow a proper diet which is rich in fiber. Over the

counter medication can help loosen otherwise hard stools, and increase water content of the stool. As per the clinical notes submitted, there is no evidence of a failure to respond to first line treatment. There is also no evidence of a failure to respond to over the counter medication as recommended by Official Disability Guidelines. There are no subjective complaints of gastrointestinal disorder. There is also no mention of chronic opioid-induced constipation. Based on the clinical information received, the request is non-certified.