

Case Number:	CM13-0022979		
Date Assigned:	01/29/2014	Date of Injury:	01/03/2003
Decision Date:	04/22/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/11/2013

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 Physical Medicine & Rehabilitation, has a subspecialty 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 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 patient is a 66 year-old female with a date of injury of 01/03/2003. The listed diagnoses per [REDACTED] are: 1) Left ankle Tenosynovitis of the flexor hallucis longus and posterior tibialis tendons 2) Lumbar musculoligamentous sprain/strain. 3) Right knee strain secondary to anatalgic gain, severe degenerative joint disease and patellofemoral arthralgia According to report dated 08/15/2013 by [REDACTED], the patient presents for medication evaluation and refill. Her orthopedic complaints are stable. She does experience flare-ups of pain. Examination reveals tenderness to palpation with mild spasms over the paraspinal musculature. Straight leg raise elicits increased pain. Ranges of motion are decreased on all planes. On visual analogue scale, her pain level is 7-8/10 without medications and 4-5/10 with medications. She is taking Colace as she gets occasional constipation, Tylenol #4 three times per day for pain and Zanaflex once at bedtime for spasms. The treater is requesting a refill of medications and a complete metabolic panel to assess liver and kidney function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol number 4 #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MEDICATIONS FOR CHRONIC PAIN, PAGE 60-61 Page(s).

Decision rationale: This patient presents for medications management and refill of medications. The treater is requesting a refill of Tylenol #4 #90. For chronic opiates use MTUS guidelines pgs 88, 89 require functioning documentation using a numerical scale or a validated instrument at least once every 6 months. Documentation of the four A's (Analgesia, ADL's, Adverse side-effects, Adverse behavior) are required. Furthermore, under outcome measures, it also recommends documentation of current pain; average pain; least pain; time it takes for medication to work; duration of pain relief with medications, etc. Review of reports show this patient has been taking Tylenol #4 since 2008. There is only one progress report from [REDACTED] that is pertinent and this report contains no discussions regarding whether or not Tylenol #4 has provided any specific functional improvements. There is no discussion of pain assessment, numeric scales to denote function, etc. Given the lack of sufficient documentation warranting long term opiate use, the patient should slowly be weaned off of Tylenol #4 as outlined in MTUS Guidelines. Recommendation is for denial.

Zanaflex 4mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ANTISPASTICITY/ANTISPASMODIC DRUGS, PAGE 66 Page.

Decision rationale: This patient presents for medications management and refill of medications. The treater is requesting a refill of Zanaflex 4mg #90. Utilization review dated 09/03/2013 denied the request without providing a rationale for the denial. MTUS Guidelines page 66 allows for the use of Zanaflex for low back pain, myofascial pain, and fibromyalgia. The AME dated 09/26/2013 which includes a detail medical history of the patient does not discuss Zanaflex. None of the treater's reports reviewed show any documentation as to how the patient is responding to Zanaflex. Given the diagnosis of chronic back pain, Zanaflex may be indicated. However, without documentation of its efficacy, it cannot be supported. MTUS page 60 require documentation of pain assessment and function as related to use of medication for chronic pain. Recommendation is for denial.

A complete metabolic panel to assess liver and kidney function: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PAGE 70 Page(s): 70.

Decision rationale: This patient presents for medications management and refill of medications. The MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine CBC testings. However, the MTUS Guidelines page 70 does discuss "periodic lab monitoring of CBC and chemistry profile (including liver and renal function test)." MTUS Guidelines states monitoring of CBC is recommended when patient is taking NSAIDs. It goes on to state, "There has been a recommendation to measure liver and transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab test after this treatment duration has not been established." In this case, the medical records show that the patient has been taking Tylenol#4 since 2008. There have been multiple requests for a metabolic panel dating from 2010 to 2013. However, it is unclear if any were authorized and if so the results were not provided for review. In this case, given the patient's chronicity of Tylenol use a comprehensive metabolic panel to assess the liver and kidney function is warranted at this time. Recommendation is for authorization.