

<b>Case Number:</b>	CM13-0044357		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/10/1990
<b>Decision Date:</b>	03/05/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Internal Medicine and Cardiology, has a subspecialty in Cardiovascular Disease and is licensed to practice in 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 60-year-old female who reported an injury on 02/10/1990. The mechanism of injury was noted to be a motor vehicle accident. Her medications were noted to include MS Contin and Ultram for control of her pain, Zanaflex for muscle spasms, and Protonix for gastritis and GERD. Her diagnoses include cervical postlaminectomy syndrome, status post anterior cervical discectomy and fusion at C5-6 and C6-7 in 1995, C3-4 and C4-5 anterior cervical discectomy and fusion on 07/14/2009, C3-4 and C4-5 posterior cervical fusion on 10/26/2010, lumbar postlaminectomy syndrome status post laminectomy/discectomy in 1994 and 1997 at L5-S1, bilateral lower extremity radiculopathy, reactionary depression/anxiety, status post spinal cord stimulator trial, status post opiate detoxification on 07/16/2008, and right knee internal derangement. Her medications were noted to include MS Contin 30 mg 3 to 4 times per day, Zanaflex 6 mg twice a day, Ultram ER 150 mg twice a day, Hycodan syrup 1 tsp every 6 hours as needed, Valium 5 mg 1 to 2 per day as needed, and Prilosec 20 mg twice a day. The patient's most recent urine toxicology report dated 11/14/2013 was consistent with her prescription for tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram ER 150mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** According to the California MTUS Guidelines, ongoing management is required for patients taking opioid medications and should include documentation of patients pain outcome regarding the opioid medications, functional status, appropriate medication use, and the 4 A's for ongoing monitoring, which include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The patient's 12/10/2013 office note indicates that the patient always uses her medications appropriately and her urine drug screens have always been appropriate. It is also indicated that the patient has had no abuse or diversion. However, the clinical information submitted for review indicates that the patient has a history of opiate detoxification on 07/16/2008 and her recent urine drug screens have been negative for morphine which is not consistent with the patient's medication list which includes morphine noted as MS Contin 30 mg 3 to 4 times per day. Additionally, details regarding the patient's pain outcomes on her opioid medications were not provided for review. The CA MTUS Guidelines indicate that frequent pain assessments should include documentation of the patient's current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. In the absence of these details and with the inconsistencies concerning the patient's medication list and urine drug screen outcomes, the request is not supported. As such, the request is non-certified.

**MS Contin 30mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** The patient's 12/10/2013 office note indicates that the patient always uses her medications appropriately and her urine drug screens have always been appropriate. It is also indicated that the patient has had no abuse or diversion. However, the clinical information submitted for review indicates that the patient has a history of opiate detoxification on 07/16/2008 and her recent urine drug screens have been negative for morphine which is not consistent with the patient's medication list which includes morphine noted as MS Contin 30 mg 3 to 4 times per day. Additionally, details regarding the patient's pain outcomes on her opioid medications were not provided for review. The CA MTUS Guidelines indicate that frequent pain assessments should include documentation of the patient's current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. In the absence of these details and with the inconsistencies concerning the patient's medication list and urine drug screen outcomes, the request is not supported. As such, the request is non-certified.

**Zanaflex 6mg: Overturned**

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

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

**Decision rationale:** According to the California MTUS Guidelines, Zanaflex is FDA approved for the management of spasticity and used off label for low back pain. The guidelines further state that 8 studies have demonstrated efficacy for low back pain with 1 study demonstrating a significant decrease in pain associated with chronic myofascial pain syndrome and its authors recommended Zanaflex as a first line option to treat myofascial pain. The clinical information provided for review indicates that the patient does have chronic pain related to her low back and there are no documented significant side effects with use of this medication. Therefore, the use of Zanaflex is supported by guidelines. As such, the request is certified.

**Effexor 375mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

**Decision rationale:** According to the California MTUS Guidelines, antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for nonneuropathic pain. The guidelines further state the assessment of treatment efficacy should include not only pain outcomes, but an evaluation of function, changes in use of other analgesic medications, sleep quality and duration, and psychological assessment. The guidelines specify that Effexor is FDA approved for anxiety, depression, panic disorder, and social phobias and used off label for fibromyalgia, neuropathic pain, and diabetic neuropathy. The patient has been shown to have chronic pain and psychological conditions including reactionary depression/anxiety. However, the clinical information provided failed to include details regarding the patient's prescription for Effexor including its duration of use, the patient's outcome on the medication, and any side effects. In the absence of these details, the request is not supported. As such, the request is non-certified.