

Case Number:	CM13-0050263		
Date Assigned:	12/27/2013	Date of Injury:	12/17/2009
Decision Date:	05/27/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/12/2013

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 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 patient is a 41-year-old male with date of injury of 12/17/2009. The listed diagnoses per [REDACTED] dated 10/21/2013 are lumbar radiculopathy, left shoulder pain and status post left shoulder surgery x2, 02/28/2013. According to the report, the patient complains of back pain that radiates to the left foot. He also complains of neck pain. He states that his average pain is about 6/10 with medications and 7/10 without medications. His pain is better controlled with Lyrica, without Lyrica, he requires increased Norco. He ran out of medications 1 week early and is in worse pain. The physical examination shows the patient is oriented and in moderate distress. There is moderate reduction of the range of motion of the lumbar spine secondary to pain. There is spinal vertebral tenderness noted in the lumbar spine at L4-S1. There is lumbar myofascial tenderness noted on palpation. Sensory and motor examination reveals no change. Straight leg raise is positive on the bilateral lower extremities. The utilization review denied the request on 10/31/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10-325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9, 74-95.

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

Decision rationale: This patient presents with chronic back and neck pain. The provider is requesting a refill of Hydrocodone. For chronic opiate use, California MTUS Guidelines requires specific documentations regarding pain and function. Page 78 of the California MTUS requires "pain assessment" that require "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." Furthermore, "the 4As for ongoing monitoring" are required that include analgesia, ADLs, adverse side effects, and aberrant drug-seeking behavior. The review of 368 pages of records shows that the patient has been taking Hydrocodone since 01/2013. The patient's pain level is 6/10 with medications and 7/10 without medications. In this case, none of the reports document outcome measures including ADLs, adverse side effects, and aberrant drug-seeking behavior. No specifics of ADLs are provided and no outcome measures are documented. Pain reduction has not been significant either. Given only partial documentation of pain assessment, recommendation is for denial and slow tapering of the opioid.

Lyrica 50mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-17.

Decision rationale: This patient presents with chronic back pain and neck pain. The provider is requesting a refill of Lyrica. The California MTUS Guidelines page 19 and 20 on Lyrica states "has been documented to be effective for the treatment of diabetic neuropathy and post-herpetic neuralgia. This medication also has an anti-anxiety effect. Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder." The review of records shows that the patient has been taking Lyrica since 09/23/2013. The California MTUS Guidelines page 60 under medications for chronic pain states that evaluating the effect of pain relief in relationship to improvements in function and increased activity should be provided with the use of medications. The provider documents medication efficacy stating, "His pain is better controlled with Lyrica, without Lyrica, he requires increased Norco." In this case, the patient reports pain relief from the use of Lyrica. Recommendation is for authorization.

Tizanidine 4mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodic Drugs Page(s): 63-66.

Decision rationale: This patient presents with chronic back and neck pain. The provider is requesting Tizanidine, a muscle relaxant. The California MTUS Guidelines page 66 states that Tizanidine "is a centrally acting alpha 1-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain." In addition, it demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome. The review of records shows that the patient has been prescribed Tizanidine since 01/2013. The California MTUS Guidelines also state on page 60 under "medications for chronic pain," "evaluating the effect of pain relief in relationship to improvements in function and increased activity" should be provided with the use of medication. In this case, none of the 368 pages of reports document any functional improvement or decreased pain as it relates to the use of Tizanidine. Given the lack of documented functional improvement, recommendation is for denial.