

Case Number:	CM13-0055332		
Date Assigned:	12/30/2013	Date of Injury:	04/25/2000
Decision Date:	03/28/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/20/2013

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 Pain Medicine, 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 55-year-old female who reported an injury on 04/25/2000. The mechanism of injury was not provided. The earliest date provided for review, 01/16/2013, revealed that the patient was on tizanidine, Neurontin and hydrocodone/acetaminophen as of that date. The patient was noted to have been treated with aquatic and pool therapy. The documentation submitted for review dated 10/23/2013 indicated that the physician discussed with the patient the impact of the patient's pain and medications on function and activities of daily living, expectations of therapy, medication compliance and potential side effects. The physician opined that the patient met the criteria for the continuation of medication management. The patient's diagnoses were noted to include lumbar and cervical radiculopathy; complex regional pain syndrome of the bilateral upper extremities; fibromyalgia; chronic pain, other medication-related dyspepsia; status post spinal cord stimulator explant; and chronic nausea and vomiting. The treatment plan was noted to include a B12 injection, a urine drug test, an ongoing home exercise program, Butrans patch, home assistant, CURES report and medication refills, including Motrin, vitamin D 2000, tizanidine hydrochloride, pantoprazole sodium DR 20, Senokot tablets 8.6/50 mg, Neurontin 300 mg, hydrocodone/acetaminophen 10/325 and Butrans patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine HCL 2mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines indicate that muscle relaxants are prescribed as a second-line option for short-term treatment of acute low back pain and for use less than 3 weeks. There should be documentation of objective functional improvement for continued usage. The clinical documentation submitted for review failed to provide documentation of objective functional improvement. Additionally, the patient had been taking the medication since 01/2013, and the medication is indicated for short-term use only. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for tizanidine hydrochloride 2 mg #90 is not medically necessary.

Neurontin 300mg, #60: Upheld

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

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

Decision rationale: The California MTUS Guidelines indicate that anti-epileptic medications are first-line medications for the treatment of neuropathic pain, and there should be documentation of objective functional improvement to support ongoing use. The clinical documentation submitted for review indicated that the patient had been on the medication since 01/2013. There was a lack of documentation of objective functional improvement as well as documentation of an objective decrease in the patient's VAS score. Given the above, the request for Neurontin 300 mg #60 is not medically necessary.

Hydrocodone-Acetaminophen 10-325mg, #120: 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 Medications for chronic pain and ongoing management Page(s): 60,78.

Decision rationale: The California MTUS Guidelines recommend opiates for chronic pain; there should be documentation of an objective increase in function, objective decrease in VAS score and evidence that the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated that the patient was being monitored for aberrant drug behavior and side effects. The patient was noted to have signed a pain contract. The patient had been taking the medication since 01/2013. The physician indicated that the

opiate analgesic's effect had allowed the patient to increase/maintain activities of daily living and function. However, there was a lack of documentation of an objective VAS score as well as an objective increase in the patient's function. Given the above, the request for hydrocodone/acetaminophen 10/325 mg #120 is not medically necessary.

Butrans 10mcg/hr patch, #4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Chronic), Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain and ongoing management Page(s): 60,78.

Decision rationale: The California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective increase in function, objective decrease in VAS score and evidence that the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated that the patient was being monitored for aberrant drug behavior and side effects. The patient was noted to have signed a pain contract. The physician indicated that the opiate analgesic's effect had allowed the patient to increase/maintain activities of daily living and function. However, there was a lack of documentation of an objective VAS score as well as an objective increase in the patient's function. There was a lack of documentation indicating the duration that the patient had been on this medication. Given the above, the request for Butrans 10 mcg/hr patch #4 is not medically necessary.