

Case Number:	CM14-0001326		
Date Assigned:	01/22/2014	Date of Injury:	04/22/2004
Decision Date:	06/06/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/03/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 49 year old female who was injured on 4/22/04, which led to severe left arm pain with burning and sensitivity. She later was diagnosed with reflex sympathetic dystrophy with neuropathy. During the course of her treatment, she used opioids, antiepilepsy drugs, and muscle relaxants, according to the notes provided, which were refilled and used as the main treatment strategy for many months to years. On 12/11/13, the worker was seen by her treating physician and reported her left arm pain being somewhat worse due to the cold weather, with examination revealing left forearm swelling, cooler left hand than right, and sensitivity of left upper extremity. Again a prescription for refills on her medications (hydrocodone/acetaminophen, Lyrica, and tizanidine) were ordered for her to continue.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP 10/325MG, #240: 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 OPIOIDS Page(s): 78-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines require there to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening, review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, the treating physician did not document a review of these elements, as seen from the documents provided, most importantly the functional status. Without this documentation of this review in the progress notes, continuation of hydrocodone/APAP 10/325 mg #240 is not medically necessary.

LYRICA 75MG, #30: 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 ANTIEPILEPSY DRUGS (AEDS) Page(s): 16-22.

Decision rationale: The MTUS Guidelines state that antiepilepsy drugs (or anti-convulsants) are recommended for neuropathic pain as long as there is at least a 30% reduction in pain. If less than 30% reduction in pain is observed with use, then switching to another medication or combining with another agent is advised. Documentation of pain relief, improvement in function, and side effects is required for continual use. In the case of this worker, there was not evidence of the treating physician reviewing any direct change in function or pain or side effects from Lyrica in the appointment on 12/11/13 in order to justify its continued use. Without this documentation, the Lyrica 75 mg, #30 is not medically necessary.

TIZANIDINE 4MG, #30: 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 MUSCLE RELAXANTS (FOR PAIN) Page(s): 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants such as Tizanidine for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic low back pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. Tizanidine has an unlabeled use for low back pain. The worker was taking this muscle relaxant along with opioids and Lyrica and for an unknown long duration, according to the notes provided, and no note was seen when the physician first prescribed the medication in this instance. No record was seen from the documents provided showing how the worker responded specifically to this treatment in the

terms of function or pain. Without documentation to justify its use outside of treatment guidelines which suggest short term use only, the Tizanidine 4 mg #30 is not medically necessary.