

Case Number:	CM14-0009672		
Date Assigned:	02/14/2014	Date of Injury:	09/01/1999
Decision Date:	08/01/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/23/2014

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 Occupational Medicine 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:

This is a 74 year old female with a 9/1/99 date of injury. The mechanism of injury was that she picked up a 50 pound bag of sand and immediately had sharp pain in her low back. In a progress note dated 12/19/13, the patient noted ongoing left anterior leg pain, low back pain, and left knee pain. She stated that the addition of Methadone to her medication regimen has really made a big difference on her overall pain. She also complained of poor sleep quality due to pain. On physical exam, she continued to have +SLR on left leg, consistent with upper level lesion causing her low back pain and left leg pain. She has lumbar paraspinal muscle spasms and tenderness but overall the pain is improved. Diagnostic impression: Chronic low back pain, lumbar stenosis, degenerative disc disease, myofascial pain/spasm, anxiety and depression symptoms, poor sleep hygiene, hypertension, hypothyroidism. Treatment to date: medication management, activity modification, home exercise program. A UR decision dated 1/7/14 denied the requests for Percocet, Zanaflex, and Sonata. Regarding Percocet, the provider noted that the patient has failed opioid therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 10/325MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2
Page(s): 78-81.

Decision rationale: The MTUS Chronic Pain Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In a 8/30/13 progress note, the physician states that the patient has failed the following traditional baseline medications including Nucynta, Ultracet, Methadone, and Oxycontin. Oxycodone is the opiate ingredient in Oxycontin and Percocet. It is unclear why the patient would benefit from a different formulation of a medication with the same opioid ingredient. In addition, in a 10/31/13 progress note, the patient states that she continues taking her pain medications but they don't always take away her pain. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Therefore, the request for Percocet 10/325 mg #60 is not medically necessary.

ZANAFLEX 4MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2
Page(s): 41-42.

Decision rationale: The MTUS Chronic Pain Guidelines state that Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity and off label use for low back pain. In addition, the MTUS Guidelines also states that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. This patient has been on Zanaflex since at least 2/12/09, if not earlier. Furthermore, there is no documentation of an acute exacerbation of the patient's pain. There is no rationale provided as to why this medication is indicated in this patient despite lack of guideline support. Therefore, the request for Zanaflex 4 mg #60 is not medically necessary.

FENTANYL 25 MCG #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2
Page(s): 78-81.

Decision rationale: The MTUS Chronic Pain Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are

prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In a 10/31/13 progress note, the patient states that she continues taking her pain medications but they don't always take away her pain. In addition, in the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Furthermore, a UDS from 10/31/13 was inconsistent for fentanyl use in this patient. Therefore, the request for Fentanyl 25 mcg #15 is not medically necessary.

LYRICA 75MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 20.

Decision rationale: The MTUS Chronic Pain Guidelines states that Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Peer-reviewed literature also establishes neuropathic pain as an indication for Lyrica. In the reports reviewed, there is limited documentation of the patient having a neuropathic component to her pain. There is no discussion as to how long the patient has been on Lyrica or if the patient is experiencing any functional improvements or side effects from the medication. The available clinical documentation does not support continuation of this medication in this patient. Therefore, the request for Lyrica 75 mg #90 is not medically necessary.

SONATA 10MG #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter Other Medical Treatment Guideline or Medical Evidence: FDA (Sonata).

Decision rationale: The ODG states that short-term use of Sonata (7-10 days) is indicated to reduce sleep latency with a controlled trial showing effectiveness for up to 5 weeks. In a note from 12/19/13, the patient states that Ambien helped with her sleep quality. However, in that note the physician states that the patient is no longer on Ambien and the patient is to continue taking Sonata. In addition, a separate UR decision dated 1/8/14 denied the request for Ambien. There is no rationale as to why the physician is requesting Ambien and Sonata, both sedative hypnotics. It is unclear as to which medication the physician is specifically requesting or if he is requesting both. In addition, Guidelines do not support the long term use of Sonata. According to the reports reviewed, the patient has been on Sonata since at least 10/19/13. Furthermore, there is no discussion provided of other alternatives for the patient's sleep disturbance, such as proper sleep hygiene. Therefore, the request is not medically necessary and appropriate.

