

Case Number:	CM14-0014376		
Date Assigned:	04/09/2014	Date of Injury:	03/10/2000
Decision Date:	05/09/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/05/2014

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, has a subspecialty in Physical Medicine and Rehabilitation, and is licensed to practice in Arizona. 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 injured worker is a 55-year-old female who reported an injury on 03/10/2000. The mechanism of injury was not provided. The current diagnoses include lumbosacral radiculitis and lumbar intervertebral disc degeneration. The injured worker was evaluated on 01/08/2014. The injured worker reported lower back pain with radiation to the right lower extremity. The injured worker denied any weakness, bladder and bowel symptoms. The physical examination revealed decreased lumbar range of motion, 2+ deep tendon reflexes, and positive straight leg raise. The treatment recommendations included an L5-S1 lumbar transforaminal epidural steroid injection and continuation of current medications including amitriptyline 25 mg, Doc-Q-Lace 100 mg, tizanidine 4 mg, and hydrocodone 10/650 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/ACETAMINOPHEN 10/650MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioids analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the injured worker has utilized hydrocodone 10/650 mg since 08/2013. There is no documentation of objective functional improvement. Satisfactory response to treatment has not been indicated by a decrease in pain level, increase in function, or improved quality of life. There is also no frequency listed in the current request. Therefore, the request is non-certified.

AMITRIPTYLINE/ELAVIL 25MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

Decision rationale: The California MTUS Guidelines state antidepressants are recommended as a first-line option for neuropathic pain and as a possibility for non-neuropathic pain. Amitriptyline is indicated for neuropathic pain. As per the documentation submitted for review, the injured worker has utilized amitriptyline 25 mg since 08/2013. There is no evidence of a satisfactory response to treatment. The injured worker continues to report 5/10 low back pain with radiation to the right lower extremity. There is also no frequency listed in the current request. Therefore, the request is non-certified.

TIZANIDINE/ZANAFLEX 4MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second-line options for short-term treatment of acute exacerbations. As per the documentation submitted for review, the injured worker has utilized tizanidine 4 mg since 08/2013. Despite ongoing use of this medication, the injured worker continues to report low back pain with radiation to the right lower extremity. There was no documentation of palpable muscle spasm or spasticity upon physical examination. The MTUS guidelines do not recommend long term use of muscle relaxants. There is also no frequency listed in the current request. Therefore, the request is non-certified.

DOC-Q-LACE 100MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Veterans health Administration, Department of Defence (VA/DOD) Clinical Practice Guidelines for the Management of Opioid therapy for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Opioid Induced Constipation Treatment.

Decision rationale: The California MTUS Guidelines state prophylactic treatment of constipation should be initiated when also initiating opioids therapy. The Official Disability Guidelines (ODG) state opioids-induced constipation treatment includes increasing physical activity, maintaining appropriate hydration, and advising the patient to follow a proper diet. The injured worker has utilized Doc-Q-Lace 100 mg since 08/2013. However, there is no documentation of chronic constipation. The injured worker continues to deny bowel symptoms. There is also no evidence of a failure of first-line treatment as recommended by the ODG. There is no frequency listed in the current request. Therefore, the request is non-certified.