

Case Number:	CM14-0115471		
Date Assigned:	08/04/2014	Date of Injury:	08/22/2003
Decision Date:	09/12/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/21/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in California and Washington. 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 68-year-old male who reported an injury on 08/22/2003. The injured worker was diagnosed with right shoulder bursitis and bilateral knee sprain/strain. Past medical treatment included a TENS unit for his back and shoulders. Diagnostic studies included an unofficial MRI of the lumbar spine, dated 10/08/2013, which revealed multilevel degenerative changes and L5-S1 severe right stenosis, as well as L4-5 moderate stenosis on the right and L3-4 moderate stenosis on the left, with L2-3 mild stenosis. The injured worker's surgical history included 2 surgeries to the right shoulder, 2 surgeries to both eyes, 1 surgery to the right elbow, 2 surgeries to the left shoulder, 3 surgeries to the right knee, 3 surgeries to the left knee, as well as full knee replacement. The injured worker had complaints of having quite a bit of pain with the right postsurgical shoulder with increased amounts of activity. He noted ongoing muscle spasms from time to time. He found benefit from hydromorphone and tizanidine, which he took for pain control. Upon physical examination, the injured worker was unwilling to hop on either foot, as this was a pain generator for not only the lumbar spine but also for the right and left sciatic legs and right and left total knee replacements. Muscle guarding was noted with palpation to the lumbar paravertebral muscles clinically consistent with antalgic behavior. The right great toe was noted to be 4/5. The lower extremity reflexes were trace at the knees and adequate at the ankles bilaterally with reinforcement. The pedal pulses were present bilaterally. There was ongoing pain with palpation about the lateral aspect of the right calf. There was also ongoing pain over the right sacroiliac joint. There was right sciatic notch tenderness noted, and there was pain about the medial aspect of both knees. The injured worker leaned away from the examiner with sitting straight leg raising on the right. Supine straight leg raising was limited to 65/90 degrees on the right. Dural tension was appreciated by a positive Braggard's sign on the right as well. There was a positive FABERE/Patrick sign on the right indicative of sacroiliac joint involvement. The

injured worker was only able to forward flexion his torso, bring in his fingertips to within 21 inches off the floor with low back pain. He returned to the upright position rather slowly, leaning off to the left away from the right lower extremity. He grades his lower back pain intermittently at its worse at 9/10. The right leg pain could be excruciating 9/10 as well. Extension was limited to 10/30 degrees with marked amounts of pain to the lower lumbar spine. Right lateral bending was 10/20 degrees while left lateral bending was full, but pain productive off to the right. The injured worker finds good benefit from the medication he uses, tizanidine and also hydromorphone. There are times when the hydromorphone does not cut it when he has a severe flare. The patient's treatment plan included the continuation of ongoing TENS unit, as this seemed to give him some short term relief, which diminished the amount of hydromorphone that the injured worker uses. The Request for Authorization was submitted on 07/10/2014. However, the clinical note from the date the treatment was requested was not provided. Therefore, a rationale for the requested treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydromorphone 2mg, #120.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Opioids Use, Ongoing Management.

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

Decision rationale: According to the California MTUS Guidelines, the ongoing management of patients taking opioid medications should include detailed documentation of pain relief, functional status, the 4 A's for ongoing monitoring, which include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The documentation submitted for review indicated the patient found benefit from hydromorphone. However, the documentation failed to provide an objective increase in function or decrease in pain with the use of the requested medication. Additionally, the documentation failed to provide evidence of whether there had been reported adverse effects or aberrant drug taking behaviors. In the absence of detailed documentation as required by the guidelines for the ongoing use of opioid medication, the request is not supported. Additionally, the request as submitted failed to indicate the frequency at which this medication is to be taken. Given the above, the request for Hydromorphone 2mg, #120 is not medically necessary.

Tizanidine 2mg, #60.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) and Antispasmodics Tizanidine (Zanaflex).

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

Decision rationale: According to the California MTUS Guidelines, tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. 8 studies have demonstrated efficacy for low back pain. 1 study demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome, and the authors recommended its use as a first line option to treat myofascial pain. It may also provide benefit as an adjunct treatment for fibromyalgia. The documentation submitted for review failed to provide evidence of improvement in function, a decrease in musculoskeletal pain, or a decrease in muscle spasm with the use of the requested medication. Additionally, the request as submitted failed to indicate the frequency at which this medication is to be taken. Therefore, the request for Tizanidine 2mg, #60 is not medically necessary.

Transcutaneous Electrical Nerve Stimulator Unit (TENS) four pads a month.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulator Unit (TENS and Criteria for the Use of TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: The California MTUS Guidelines state, a 1 month trial period of TENS unit should be documented with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Other ongoing pain treatment should also be documented during the trial period, including medication usage. The documentation submitted for review indicated the patient would continue the use of a transcutaneous electrical nerve stimulator unit. However, the documentation failed to provide evidence a 1 month trial period with the use of a TENS unit with how often the unit was used as well as outcomes in terms of pain relief and function. Therefore, the request is not supported. Given the above, the request for Transcutaneous Electrical Nerve Stimulator Unit (TENS) four pads a month is not medically necessary.