

Case Number:	CM14-0115987		
Date Assigned:	08/04/2014	Date of Injury:	02/14/2010
Decision Date:	09/24/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/24/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 39 year old female with an injury date of 02/14/10. Per the 06/04/14 report by [REDACTED], the patient presents with upper and lower back pain with radiation into the right buttock and right leg. She presents with muscle spasms since April 2014. The pain was not rated. The patient is not working. Examination reveals tenderness over the C7 and T1 vertebral spinous processes. Range of motion is reduced. The patient's diagnoses include: 1. Past laminectomy syndrome, lumbar (09/09/11) 2. Arthrodesis 3. Complications of the internal orthopedic device 4. Mechanical complications of hardware 5. Degenerative disc disease, lumbar 6. Depression 7. Radiculitis, lumbar 8. Radiculitis, cervical. Current medications are listed as oxycodone, gabapentin, piroxicam, and ibuprofen. The utilization review being challenged is dated 06/27/14. Treatment reports were provided from 02/14/10 to 06/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 5mg #360: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS, On-Going Management Page(s): 78, 88-89.

Decision rationale: The patient presents with upper and lower back pain and radiation into the right buttock and right leg and muscle spasms. The physician's request is for oxycodone (an opioid) 5 mg #360. The reports provided show this as a listed medication from 08/07/13 to 06/04/13. It is also a listed medication on 02/14/10. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The 06/04/14 report by [REDACTED] states the patient receives adequate analgesia with her medications and denies adverse effects. The report also notes that there is no evidence of aberrant behavior. The 04/09/14 and 07/03/13 reports provide the following regarding the patient's ADL;s: 1. Self-care is painful and she is slow and careful (no change from the 07/03/13 report) 2. Pain prevents her from lifting heavy weights (no change from the 07/03/13 report) 3. Pain prevents walking more than mile (decrease from 1 mile from the 07/03/13 report) 4. She can stand for only 10 minutes. (No change from the 07/03/13 report) 5. Pain restricts travel to only necessary trips that last less than hour. (Decrease from 1 hour from 07/03/13) 6. She can perform most of her homemaking job duties, but pain prevents her from performing more physically stressful activities. The 06/014/14 report by [REDACTED] states, "Her activities of daily living, including taking care of her young child have been enhanced by her opioid analgesics." In this case, there is only partial use of a numerical scale or validated instrument. The 04/09/14 and 07/03/13 reports state the pain medication provides the patient moderate relief from pain. No numerical scale was used. The 08/07/13 report rates pain 5/10 and 4/10 on 07/30/13. No other reports use a numerical scale. The physician has provided sufficient discussion of the 4A's and pain assessment; therefore this request is medically necessary.

Estazolam 2mg #30 with 4 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Benzodiazepines.

Decision rationale: The patient presents with upper and lower back pain and radiation into the right buttock and right leg and muscle spasms. The physician's request is for Estazolam (a benzodiazepine) 2 mg #30 with 4 refills. MTUS guidelines page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." The 06/04/14 report by [REDACTED] notes that this drug is a trial for sleep. Reports from 07/09/13 to 04/09/14 discuss the patient's inability to sleep more than 4-6 hours even with medication. The 06/27/14 utilization review states, "The claimant should have already been completely weaned from the medication within the allotted time frame". The 07/03/13 report indicates she was to discontinue this medication due to incompatibility with pregnancy. It

appears again as a listed medication on the 12/11/13 report. Benzodiazepines run the risk of dependence and difficulty of weaning per MTUS and ODG Guidelines. It is not recommended for a long-term use. Given that the physician has prescribed this medication on a long-term basis, this request is not considered medically necessary.

Tizanidine 4mg #90 with 4 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63, 66.

Decision rationale: The patient presents with upper and lower back pain and radiation into the right buttock and right leg and muscle spasms. The physician's request is for Tizanidine (Zanaflex) 4 mg 90 with 4 refills for muscle spasms. This request was modified to 20 by the 06/27/14 utilization review for initiation of downward titrations and complete discontinuation of use. Per the reports provided, this medication does not appear as continuing or discontinued. On line research shows that Tizanidine is skeletal muscle relaxant used to relieve the spasms and increased muscle tone caused by multiple sclerosis. MTUS guidelines page 63 recommend non-sedating muscle relaxant with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lower back pain. However, in most cases they show no benefit beyond NSAID in pain and overall improvement. The ODG has the following: "http://www.odg-twc.com/odgtwc/low_back.htm#ProcedureSummary) Recommended as an option in acute cases. OK for acute spasms." MTUS guidelines page 66 allow for the use of Zanaflex for low back pain, myofascial pain and fibromyalgia. This request is medically necessary.

Norco 10/325mg #180: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS, On-Going Management Page(s): 78, 88-89.

Decision rationale: The patient presents with upper and lower back pain and radiation into the right buttock and right leg and muscle spasms. The physician's request is for Norco (hydrocodone an opioid) 10/325 mg #180. The reports provided do not specifically state a start date for Norco. However, oxycodone (an opioid) is listed on every prior medications list from 02/14/10 to 06/04/14 with the exception of the 07/03/13 report which lists Vicodin (hydrocodone an opioid). MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it

takes for medication to work and duration of pain relief. The 06/04/14 report by [REDACTED] states the patient receives adequate analgesia with her medications and denies adverse effects. The report also notes that there is no evidence of aberrant behavior. The 04/09/14 and 07/03/13 reports provide the following regarding the patient's ADL's: 1. Self-care is painful and she is slow and careful (no change from the 07/03/13 report) 2. Pain prevents her from lifting heavy weights (no change from the 07/03/13 report) 3. Pain prevents walking more than mile (decrease from 1 mile from the 07/03/13 report) 4. She can stand for only 10 minutes. (No change from the 07/03/13 report.) 5. Pain restricts travel to only necessary trips last less than hour. (Decrease from 1 hour from 07/03/13) 6. She can perform most of her homemaking job duties, but pain prevents her from performing more physically stressful activities. (No change from the 07/03/13 report). The 06/04/14 report by [REDACTED] states, "Her activities of daily living, including taking care of her young child have been enhanced by her opioid analgesics." In this case, there is only partial use of a numerical scale or validated instrument. The 04/09/14 and 07/03/13 reports state the pain medication provides the patient moderate relief from pain. No numerical scale was used. The 08/07/13 report rates pain 5/10 and 4/10 on 07/30/13. No other reports use a numerical scale. The requesting physician has provided sufficient discussion of the 4A's and pain assessment; therefore this request is medically necessary.