

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0117258 | | |
| Date Assigned: | 08/06/2014 | Date of Injury: | 11/08/1999 |
| Decision Date: | 10/02/2014 | UR Denial Date: | 06/27/2014 |
| Priority: | Standard | Application Received: | 07/25/2014 |

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 Practice and is licensed to practice in Texas. 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 65 year old male who reported an injury on 11/08/1999. The mechanism of injury was not specified. The diagnoses included lumbago, myofascial pain syndrome, neuralgia, testicular hypo-function, and joint pain. His past treatments included an intramuscular therapeutic injection. There was no relevant surgical history or diagnostic studies. On 06/13/2014, the injured worker complained of continued pain in his low back, knee, and feet, as well as anxiety attacks. He rated his pain 5/10 with medications. Additionally, he reported that his pain medications were working. The documentation noted that he reported that he could perform some house and yard work, that he was ambulatory, could perform self-care, and was able to drive, including the one hour drive to his appointment. On physical examination, he had crepitus, tenderness, decreased flexion and extension, and pain with range of motion in his knee, foot, back and ankle. Medications included Cymbalta 30mg, Norco 10mg, Oxycontin 80mg, Arthrotec 50/200mg, Zanaflex 4mg, and Voltaren 1%. The treatment plan noted to continue with prescription drug management, refill medications, and add Klonopin for regular panic attacks. The rationale for the request was not provided. The request for authorization form was submitted on 07/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin ER 80 mg # 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 24, 78-80, 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, , Opioids for chronic pain,Opioids, dosing Page(s): 78, 80, 86.

Decision rationale: The California MTUS Guidelines state for ongoing management there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include the patient's current pain level; the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Furthermore, guidelines recommend that dosing not exceed 120 mg of oral morphine equivalents per day, and for those taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Moreover, the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control should be used for monitoring purposes for ongoing management of opioid use. The injured worker had subjective complaints of continued pain in his low back, knee and feet, and anxiety attacks. He rated his pain 5/10 with medications and stated they seemed to be working fairly well to allow him to accomplish all of his activities of daily living. However, conflicting information was noted in the review of systems which indicated that he was unable to perform most activities of daily living. In addition, a detailed pain assessment to include numeric pain scales with and without medications was not provided to verify significant pain relief. He also had continued use of muscle relaxants and multiple opioid medications for over 9 months with no evidence of consistent results on a drug screen to verify appropriate medication use. Therefore, the need for ongoing use of Oxycontin ER cannot be established as there is a lack of clear evidence of functional improvement and medication compliance, as well as a detailed pain assessment. Furthermore, his dosages of Oxycontin and Norco together equal 480 mg oral morphine equivalents per day exceeds the maximum dosing recommendation of 120mg per day. Lastly, the request does not provide the frequency. As such, the request for Oxycontin ER 80mg #90 is not medically necessary.

Zanaflex 4 mg # 180 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Muscle Relaxants for pa.

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

Decision rationale: The California MTUS guidelines state non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain 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. The injured worker had subjective complaints of continued pain in his low back, knee and feet, and anxiety attacks. He rated his pain 5/10 with medications and stated they seemed to be working fairly well to allow him to accomplish all of his activities of daily living. However, conflicting information was noted in the review of systems which indicated that he was unable to perform most activities of daily living. He also had continued use of muscle relaxants and multiple opioid medications for over 9 months. The continued use of Zanaflex is not supported based on the recommended guidelines for short-term use only of Zanaflex for over a 9 month period and the documented inconsistencies in pain and function. Lastly, the request for Zanaflex does not provide the frequency. As such, the request for Zanaflex 4mg #180 with 1 refill is not medically necessary.