

Case Number:	CM14-0119870		
Date Assigned:	08/06/2014	Date of Injury:	12/14/2009
Decision Date:	09/24/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/30/2014

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. 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 63-year-old female who reported an injury from pushing heavy objects on 12/14/2009. On 01/23/2014, her diagnoses included left sided superior pubic ramus stress fracture versus osteitis pubis and left sided anterior hip pain. Her complaints included constant stiffness and pain in her neck radiating to the bilateral upper extremities and constant bilateral groin pain with reduced range of motion and painful movement. The pain radiated to the bilateral lower extremities. She rated her pain level at 10+/10. She was having difficulty sleeping due to her pain. On 06/19/2014, she reported that she cannot stand up or walk without pain. She rated her pain at 6/10 with medications and 9/10 to 10/10 without medications. Her medications included hydromorphone (Dilaudid) 2 mg, Lidoderm 5% patch, tizanidine 2 mg, Coumadin of an unknown dose, Soltitol of an unknown dose, Xanax 1 mg, and Synthroid 75 mcg. The rationale for the requested Dilaudid was that she had been switched from Dilaudid to Opana, and did very poorly, so she was switched back to Dilaudid, and was able to get at least 50% pain relief, and good function. She was able to engage in more family activities and provide self-care independently. Her increased function had improved her quality of life. Regarding the requested tizanidine, the rationale was that she reported good benefit with tizanidine at night, when she had intense muscle cramping. A Request for Authorization dated 06/24/2014 was included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROMORPHONE (DILAUDID) 2 MG TAB TAKE 1 TAB BY MOUTH EVERY 6 HOURS PRN PAIN #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The request for HYDROMORPHONE (DILAUDID) 2 MG TAB TAKE 1 TAB BY MOUTH EVERY 6 HOURS PRN PAIN #120 is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use, including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include how long it takes for pain relief and long the pain relief lasts. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, antidepressants and/or anticonvulsants. When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to, but not substituted for, the less efficacious drugs. Long term use may result in immunological or endocrine problems. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluations, including side effects, failed trials of NSAIDs, aspirin, antidepressants or anticonvulsants, or drug screens. The clinical information submitted failed to meet the evidence based guidelines for ongoing opioid use. Therefore, this request for HYDROMORPHONE (DILAUDID) 2 MG TAB TAKE 1 TAB BY MOUTH EVERY 6 HOURS PRN PAIN #120 is not medically necessary.

TIZANADINE (ZANAFLEX) TAKE 1 TAB BY MOUTH AT BEDTIME PRN MUSCLE SPASM #30: Upheld

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 Page(s): 63-66.

Decision rationale: The request for TIZANADINE (ZANAFLEX) TAKE 1 TAB BY MOUTH AT BEDTIME PRN MUSCLE SPASM #30 is not medically necessary. The California MTUS Guidelines recommend that muscle relaxants be used with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic pain. In most cases, they show no benefit beyond NSAIDs. Efficacy appears to diminish over time. Tizanidine is FDA approved for management of spasticity, with unlabeled use for low back pain. It is also recommended to be used as a first line option to treat myofascial pain. Decisions are based on evidence based criteria. Muscle relaxants are supported only for short-term use. Chronic use would not be supported by the guidelines. The documentation submitted shows that this worker has been taking tizanidine since 01/24/2014. The documentation did not identify spasticity, and there was no documentation of significant functional benefit with the use of tizanidine. Additionally, there was no dosage included in the request. Therefore, this request for

TIZANADINE (ZANAFLEX) TAKE 1 TAB BY MOUTH AT BEDTIME PRN MUSCLE SPASM #30 is not medically necessary.