

Case Number:	CM14-0135983		
Date Assigned:	09/03/2014	Date of Injury:	11/27/2000
Decision Date:	10/02/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/22/2014

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 and is licensed to practice in Illinois. 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 57 year old woman is being treated for pain from a sprain/strain of her sacroiliac region from an injury on Nov 27, 2000. She complains of limited mobility and activity tolerance. She has had physical therapy, medications, spinal injections, and her current diagnoses are degenerative disc disease, facet disease and back and buttock pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic 25 mcg patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 44.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system), Page(s): 44.

Decision rationale: The injured worker has degenerative disc disease, facet disease and back and buttock pain from an injury in 2000. Per the Medical Treatment Utilization Schedule (MTUS), Duragesic is not recommended as a first-line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin. It is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. There is no documentation to

support the trials of other, less potent analgesics for this worker with degenerative disc disease, facet disease and back and buttock pain. Therefore, the request for Duragesic 25 mcg patch is not medically necessary and appropriate.

Dilaudid 8mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioid Therapy for Chro.

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

Decision rationale: Dilaudid is a pure short acting opioid agonist with the principal therapeutic activity of analgesia. Per the Medical Treatment Utilization Schedule (MTUS), under the criteria for use of opioids, actions should include: ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief and how long pain relief lasts. Four domains have been proposed as most relative for ongoing monitoring: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. Another reason to continue opioids is if the worker has returned to work. However, this information has not been made available. The documentation provided on this worker states the worker had degenerative disc disease, facet disease and back and buttock pain. However, none of the other information necessary for ongoing monitoring have been provided, including functional status, appropriate medication use and side effects. Nor is there any mention of a written contract, which is not a requirement, but a recommendation. Therefore, the request is not medically necessary at this time.

Zanaflex 2mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Muscle relaxants Page.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

Decision rationale: Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is Food and Drug Administration (FDA) approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. One study (conducted only in females) 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 is a class of 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 (LBP). Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain (LBP) cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in

pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The documentation provided on this worker states the worker had degenerative disc disease, facet disease and back and buttock pain since 2000. Because Zanaflex is recommended as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP), its use as a longterm medication is not recommended. Therefore, the request for Zanaflex 2mg is not medically necessary and appropriate.

Zofran 4mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Anti-emetics for opioid use

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Rehill RH. Prevention of Postoperative Nausea and Vomiting: A Thought on Ondansetron. Anesth Analg. 2014 Oct;119(4): pages1003-1004. Brygger L, Herrstedt J. 5-Hydroxytryptamine₃ receptor antagonists and cardiac side effects. Academy of Geriatric Cancer Research (AgeCare). Expert Opin Drug Saf. 2014 Oct;13(10): pages 1407-22.

Decision rationale: Ondansetron is a 5-HT₃ receptor antagonist that is Food and Drug Administration (FDA)-approved to prevent nausea and vomiting that may be caused by surgery or by medicine to treat cancer (chemotherapy or radiation). The documentation provided on this worker states the worker had degenerative disc disease, facet disease and back and buttock pain since 2000. Ondansetron is not for preventing nausea or vomiting that is caused by factors other than cancer treatment or surgery. It is not addressed in the Medical Treatment Utilization Schedule (MTUS), the American College of Occupational and Environmental Medicine (ACOEM) Guidelines or the Official Disability Guidelines (ODG). Therefore, Zofran 4mg is not considered medically necessary.

Cymbalta 60mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Anti-depressants Page. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

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

Decision rationale: Cymbalta is recommended as an option by evidence based guidelines in first-line treatment option in neuropathic pain. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). It has Food and Drug Administration (FDA) approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy, with effect found to be significant by the end of week 1. The documentation provided on this worker states the worker had degenerative disc disease, facet

disease and back and buttock pain since 2000. Therefore, the request for Cymbalta 60mg is not medically necessary and appropriate.