MAXIMUS Federal Services

Case Number:	CM14-0159744		
Date Assigned:	10/03/2014	Date of Injury:	02/12/1999
Decision Date:	12/31/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	09/29/2014

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 Emergency Medicine and is licensed to practice in New York. 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:

This 50 year old male sustained injury on 2/12/1999 while lifting a closet door into position. At that time he incurred sudden onset of lumbosacral pain greater on the right side. He has not worked since the incident due to acute lumbosacral pain which is greater on the right side with extension pain and dyesthesthesia into the right lower extremity to include the foot. As of 9/27/99 the injured worker has received cortisone injection to the low back which according to the injured worker made his symptoms "a lot worse". In addition he has had a course of physical therapy 3 times a week for 3 months which increased his pain. He saw a chiropractor one time and declined further chiropractic treatment. An MRI of the low back indicated disc protrusion at the L2, 3 and 5 levels. At that time the medications prescribed were narcotic pain medication, muscle relaxant and an anti-inflammatory. Physical exam on 9/27/99 revealed the injured worker to be in mild distress with no frank antalgia. On inspection of the low back while standing the right hip is lower than the left. Lumbar global range of motion revealed 15 percent restriction of lumbar flexion, 20 percentrestriction of lumbar extension with left lateral flexion of the low back restricted to 20 percent and right lateral flexion of low back restricted at 15 percent. Palpation of the spine reveals multiple levels of intervertebral and sacroiliac fixations. There is three plus pain on palpation over the right lumbosacral spine and moderate lumbosacral paraspinal guarding greater on the right. The motor and sensory exam are normal. Deep tendon reflexes are present and symmetrical in upper and lower extremities. Gait and station is intact. Lumbopelvic radiographs were reviewed and there was no sign of recent fracture or gross osseous pathology. The diagnoses at that time were acute lumbar and lumbosacral spinal sprain, lumbar intervertebral disc syndrome at L2, 3 and 5 and right limbosacral plexus injury. In 2000 the injured workers symptoms worsened and now involved the left side of the lumbar spine. On 7/27/2000 an L5-S1 anterior interbody fusion with the BAK cage and the Healos graft of ice was

performed. Following the surgery he was started on a pool therapy program with increasing pain as he progressed to a land-based gym program. The injured worker feels that all of his symptoms are worse since surgery. Acupuncture was suggested. In 2009 he had placement of permanent transcutaneous electrical nerve stimulator implanted. The stimulator failed to relieve pain due to a complication during the implantation procedure where only the peripheral field stimulator electrodes were placed. In addition as of 7/12/12 the injured worker has reached a permanent and stationary status. With the introduction of Nortriptyline he has had no increasing pain. Documentation dated 4/23/04 suggests the use of supplemental drugs, such as antidepressants, other than just narcotics. The injured worker was experiencing multiple side effects from narcotics. The injured worker has chronic pain issues and is unable to control his pain. He was diagnosed with chemical dependency. As of 9/11/14 the injured worker complains of low back and right lower extremity pain. He is working full time. His physical exam remains unchanged from initial exam documented, with the exception of paraspinal muscle tenderness with spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-Acetaminophen 10/325 MG #540: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 78-86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 11, 74-96.

Decision rationale: Hydrocodone/Acetaminophen is a compounded medication containing Hydrocodone and Acetaminophen. MTUS Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDS have failed. Opioids may be a safer choice for patients with cardiac and renal disease than antidepressants or anticonvulsants. Acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. Renal insufficiency occurs in 1 to 2% of patients with overdose. The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 4 hours with a maximum of 4 g/day. In this case the patient has been using opioids since at least February 1999 and has not obtained analgesia. In addition there is no documentation that the patient has signed an opioid contract. Participation in urine drug testing is documented as having occurred but the results and dates of the screens are not available for review. Criteria for long-term opioid use have not been met. Therefore, this request is not medically necessary.

Morphine 60 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 78-86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 74-96.

Decision rationale: Morphine is an opioid analgesic. MTUS Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short term use if first-line options, such as Acetaminophen or NSAIDS have failed. Opioids may be a safer choice for patients with cardiac and renal disease than antidepressants or anticonvulsants. Acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. Renal insufficiency occurs in 1 to 2% of patients with overdose. The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 4 hours with a maximum of 4 g/day. In this case the patient has been using Morphine since at least January 2010 and has not obtained analgesia. In addition, there is no documentation that the patient has signed an opioid contract. Participation in urine drug testing is documented as having occurred but the results and dates of the screens are not available for review. Criteria for long-term opioid use have not been met. Therefore, this request is not medically necessary.

Tizanidine 2 MG #60 with 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63, 85.

Decision rationale: Tizanidine is a muscle relaxant that acts centrally as an alpha2-adrenergic agonist that is FDA approved for management of spasticity. Side effects include somnolence, dizziness, dry mouth, hypotension, weakness, and hepatotoxicity. According to the guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment (less than two weeks) 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 LBP 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. Sedation is the most commonly reported adverse effect of muscle

relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. In this case the quantity of requested medication is for 90 days. The duration of treatment surpasses the recommended short-term duration of two weeks. Therefore, this request is not medically necessary.