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| Case Number: | CM14-0165219 | | |
| Date Assigned: | 10/10/2014 | Date of Injury: | 01/21/1998 |
| Decision Date: | 11/10/2014 | UR Denial Date: | 09/29/2014 |
| Priority: | Standard | Application Received: | 10/07/2014 |

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 New York and North Carolina. 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, a 47 year old man with injury date 1/21/1998 is requesting an appeal of the decision to deny Senna, OxyContin, Percocet, Zanaflex, Tizanidine, and Lyrica. There is no primary diagnosis listed on the application for independent medical review. He has back pain with leg weakness and burning sensation from the knee down bilaterally. Non-certification has been recommended in the past for his narcotic medications and muscle relaxant, and weaning recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Senna 8.6-50 mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use of Opioids - Initiating Therapy, Page(s): 77.

Decision rationale: If narcotics are indicated, stool softeners are recommended. Since narcotics are not recommended, the Senna is not medically necessary.

1 prescription of OxyContin 40 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Criteria for Use Page(s): 79-80.

Decision rationale: Opioids are to be continued for those who are returned to work and those who have improved function and pain, per the chronic treatment guidelines of the MTUS. He remains on disability. He also has adverse effects from the narcotics - hypogonadism with resultant erectile dysfunction for which he is on testosterone and Cialis. The medication is not providing functional benefit in combination with adverse effects. The request is not medically necessary.

1 prescription of Percocet 10/325 mg APAP, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Criteria for Use Page(s): 79-80.

Decision rationale: Opioids are to be continued for those who are returned to work and those who have improved function and pain, per the chronic treatment guidelines of the MTUS. He remains on disability. He also has adverse effects from the narcotics - hypogonadism with resultant erectile dysfunction for which he is on testosterone and Cialis. The medication is not providing functional benefit in combination with adverse effects. The request is not medically necessary.

1 prescription of Zanaflex 4 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: Muscle relaxants are viewed as a second-line option for exacerbations of chronic low back pain. Tizanidine (Zanaflex) is approved at 4 mg every 6-8 hours for use in muscle spasticity, and can be titrated by 2-4 mg upward to a maximum of 36 mg per day. The treating physician notes, repeatedly, in the records that doubling his Tizanidine makes him feel less fatigued and he sleeps better. He continues to exhibit muscular spasm despite the use of the tizanidine, so it is not working to reduce spasm. The request for tizanidine (Zanaflex) is not medically necessary.

1 prescription of Tizanidine 4 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: Muscle relaxants are viewed as a second-line option for exacerbations of chronic low back pain. Tizanidine (Zanaflex) is approved at 4 mg every 6-8 hours for use in muscle spasticity, and can be titrated by 2-4 mg upward to a maximum of 36 mg per day. The treating physician notes, repeatedly, in the records that doubling his Tizanidine makes him feel less fatigued and he sleeps better. He continues to exhibit muscular spasm despite the use of the Tizanidine, so it is not working to reduce spasm. The request for tizanidine (Zanaflex) is not medically necessary.

1 prescription of Lyrica 50 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anticonvulsants Page(s): 16-21.

Decision rationale: Per the MTUS (chronic pain guidelines), Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. The medication is also approved for fibromyalgia. There is not enough evidence to recommend antiepileptic medication for axial low back pain. He doesn't have postherpetic neuralgia, fibromyalgia or diabetic neuropathy. The medication is not medically necessary.