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| Case Number: | CM14-0171925 | | |
| Date Assigned: | 10/23/2014 | Date of Injury: | 01/31/2003 |
| Decision Date: | 11/25/2014 | UR Denial Date: | 10/06/2014 |
| Priority: | Standard | Application Received: | 10/17/2014 |

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 62 year old female with an injury date of 01/31/03. Based on the 05/08/14 progress report, the patient complains of lower extremity pain. She rates her pain as a 6/10 and describes her pain as being aching, throbbing, shooting, and burning. The 07/07/14 report states that the patient has continued lower back pain as well as distal leg pain. The low back pain is sharp and she has increased muscles spasms at night. The 09/03/14 report indicates that the patient rates his pains as a 7/10 and that pain relief with medication is 40%. The patient is currently working full time. The patient's diagnoses include the following: 1.Postlaminectomy syndrome, lumbar region. The utilization review determination being challenged is dated 10/06/14. Treatment reports were provided from 03/19/14- 09/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 tablets of Tizanidine Hydrochloride 4mg with 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Zanaflex; Medications for chronic pain Page(s): 66; 60, 61.

Decision rationale: According to the 07/07/14 report, the patient presents with lower back pain and distal leg pain. The request is for 90 tablets of Tizanidine Hydrochloride 4 mg with 3 refills. The patient has been taking Tizanidine Hydrochloride as early as 03/19/14. The 07/07/14 report states that "The Tizanidine helps reduce the muscle spasms and allows her to sleep." MTUS Guidelines page 66 allows for the use of Zanaflex (Tizanidine) for low back pain, myofascial pain, and fibromyalgia. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. The treating physician documents that the patient benefits from the use of Tizanidine. Her medications give her 40% pain relief. Therefore, the request is medically necessary.

180 tablets of Norco 10/325mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61; 88, 89, 76-78.

Decision rationale: According to the 07/07/14 report, the patient presents with lower back pain and distal leg pain. According to the 07/07/14 report, the patient presents with lower back pain and distal leg pain. The request is for 180 tablets of Norco 10/325 mg. The patient has been taking Norco as early as 03/19/14. The 09/03/14 urine drug screen revealed that the patient was positive for opiates and oxycodone, keeping consistent with her prescriptions. The 09/03/14 report also states that a "PDMP/CURES report was obtained and reviewed with no aberrant activity method." MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The patient is working full time and does not present with any aberrant behavior as indicated on the CURES report. She claims her medications relieve her pain by 40%. Therefore, the request is medically necessary.

15 patches of Fentanyl 75mcg/hr: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic; CRITERIA FOR USE OF OPIOIDS Page(s): 44; 76-78.

Decision rationale: According to the 07/07/14 report, the patient presents with lower back pain and distal leg pain. The request is for 15 patches of Fentanyl 75 mcg/hr. The patient has been using Fentanyl patches as early as 03/19/14. The 03/19/14 report states "the fentanyl is effective for pain control most days but some days the pain is more intense." The MTUS Guidelines page 44 states Duragesic (fentanyl transdermal system) is not recommended as a first-line therapy.

MTUS page 78 requires outcome measures such as current pain, average pain, least pain, time it takes for medication to take effect, and duration of pain relief with medication to be documented. Discussion regarding the 4As is also required. In this case, the patient is working full time and receives benefit from Fentanyl patches. There appears to be adequate documentation regarding opiate management as well. Therefore, the request is medically necessary.