

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0174674 | | |
| Date Assigned: | 10/27/2014 | Date of Injury: | 03/03/2010 |
| Decision Date: | 12/03/2014 | UR Denial Date: | 09/17/2014 |
| Priority: | Standard | Application Received: | 10/21/2014 |

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 Pain Medicine 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:

This is a female patient with a date of injury of March 3, 2010. A utilization review determination dated September 17, 2014 recommends non-certification of acupuncture 2 times weekly for the lumbar spine quantity of 12 with modification to quantity of 6, tramadol 50 mg #90 with modification to #60, refill of tramadol 50 mg #90, refill of tramadol 50 mg #90, tizanidine 4 mg #30 with modification to #20, refill of tizanidine 4 mg #30, and refill of tizanidine 4 mg #30. A progress note dated August 12, 2014 identifies subjective complaints of lumbar spine pain rated at 8/10. The physical examination reveals significant tenderness to palpation at approximately the level of L3-4, positive straight leg raise over the right as she extended the right lower extremity, and significant tenderness to palpation over the bilateral SI joints. The diagnoses include lumbosacral spine sprain/strain, degenerative disc disease of the lumbar spine with small disc bulge at L5-S1, and axis I depressive disorder. The treatment plan recommends new prescriptions for tramadol 50 mg and tizanidine 4 mg #30 both medications include additional refills. The treatment plan also recommends authorization for acupuncture twice a week for six weeks, the patient states she has previously tried physiotherapy with minimal relief of symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times weekly, lumbar spine Quantity: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Medical treatment utilization schedule, Â§9792.24.1; Official Disability Guidelines (ODG), Chronic Pain Chapter, Acupuncture

Decision rationale: Regarding the request for acupuncture 2 times weekly for the lumbar spine #12, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions... and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, it is unclear what current concurrent rehabilitative exercises will be used alongside the requested acupuncture. Additionally, the current request for a visit exceeds the 6 visit trial recommended by guidelines. As such, the currently requested acupuncture 2 times weekly for the lumbar spine #12 is not medically necessary.

Tramadol 50mg Quantity: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for tramadol 50mg #90, California Pain Medical Treatment Guidelines state that tramadol is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication of non-opioid pain medications that the patient has tried and failed, there is no documentation regarding side effects, and there is no discussion regarding aberrant use. In light of the above issues, the currently requested tramadol 50mg #90 is not medically necessary.

Refill of Tramadol 50mg Quantity: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for refill of tramadol 50mg #90, California Pain Medical Treatment Guidelines state that tramadol is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication of non-opioid pain medications that the patient has tried and failed, there is no documentation regarding side effects, and there is no discussion regarding aberrant use. In light of the above issues, the currently requested refill of tramadol 50mg #90 is not medically necessary.

Refill of Tramadol 50mg Quantity: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for refill of tramadol 50mg #90, California Pain Medical Treatment Guidelines state that tramadol is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication of non-opioid pain medications that the patient has tried and failed, there is no documentation regarding side effects, and there is no discussion regarding aberrant use. In light of the above issues, the currently requested refill of tramadol 50mg #90 is not medically necessary.

Tizanadine 4 mg Quantity: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation ODG-TWC Low Back

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

Decision rationale: Regarding the request for tizanidine 4mg #30, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that tizanidine specifically is FDA approved for management of spasticity; unlabeled use for low back pain. Guidelines recommend LFT monitoring at baseline, 1, 3, and 6 months. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Finally, it does not appear that there has been appropriate baseline liver function testing, as

recommended by guidelines. In the absence of such documentation, the currently requested tizanidine 4mg #30 is not medically necessary.

Refill of Tizanidine 4 mg Quantity: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation ODG-TWC Low Back

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

Decision rationale: Regarding the request for refill of tizanidine 4mg #30, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that tizanidine specifically is FDA approved for management of spasticity; unlabeled use for low back pain. Guidelines recommend LFT monitoring at baseline, 1, 3, and 6 months. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Finally, it does not appear that there has been appropriate baseline liver function testing, as recommended by guidelines. In the absence of such documentation, the currently requested refill of tizanidine 4mg #30 is not medically necessary.

Refill of Tizanidine 4 mg Quantity: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation ODG-TWC Low Back

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

Decision rationale: Regarding the request for refill of tizanidine 4mg #30, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that tizanidine specifically is FDA approved for management of spasticity; unlabeled use for low back pain. Guidelines recommend LFT monitoring at baseline, 1, 3, and 6 months. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Finally, it does not appear that there has been appropriate baseline liver function testing, as recommended by guidelines. In the absence of such documentation, the currently requested refill of tizanidine 4mg #30 is not medically necessary.