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| Case Number: | CM14-0177589 | | |
| Date Assigned: | 10/31/2014 | Date of Injury: | 09/24/2002 |
| Decision Date: | 12/10/2014 | UR Denial Date: | 10/16/2014 |
| Priority: | Standard | Application Received: | 10/27/2014 |

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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of September 24, 2002. The applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; reported diagnosis with fibromyalgia; opioid therapy; sleep aids; unspecified amounts of physical therapy over the course of the claim; multiple prior knee surgeries; and gastric bypass procedures. In an October 16, 2014, Utilization Review Report, the claims administrator approved requests for Celebrex and Colace while denying, modifying, and/or partially denying Percocet, Lunesta, and Zanaflex. The applicant's attorney subsequently appealed. In a September 30, 2014 progress note, the applicant reported ongoing complaints of low back and knee pain, 7-8/10. The applicant stated that Percocet and Celebrex were bringing her pain levels down from 7-8/10 without medications to a "tolerable level" with medications. The applicant's complete medications reportedly included Percocet Halcion, Celebrex, Wellbutrin, Pristiq, Imitrex, Xanax, Colace, Zanaflex, and Lunesta. The applicant's psychotropic medications were being prescribed were being prescribed elsewhere. The applicant was status post right total knee arthroplasty procedure on May 18, 2014 and a left total knee arthroplasty procedure on September 11, 2014, it was stated. The applicant was given refills of Percocet, Celebrex, Colace and Zanaflex, it was noted. Urine drug testing was performed. On July 16, 2014, it was acknowledged that the applicant was no longer working with permanent limitations in place and had apparently retired from her former place of employment. The applicant stated that she was miserable without her Percocet. 6-7/10 pain was appreciated. The applicant stated that Lunesta and Halcion were reportedly helpful in ameliorating her sleep complaints. The applicant stated that she had some issues with instability about her knees. Additional physical therapy was sought. On March 26, 2014, the attending

provider stated that the applicant had 8-9/10 pain without medications versus 6/10 with medications. The applicant was ambulating with a limp. The applicant's knee surgery had flared her low back pain complaints, it was stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, while the attending provider has stated that the applicant's pain levels have dropped with Percocet usage, the attending provider has, however, failed to outline any material improvements in function achieved as result of the same. The applicant was still having difficulty performing activities of daily living as basic as standing and walking, despite ongoing Percocet usage. The applicant is no longer working. Continuing the same, on balance, does not appear to be indicated. Therefore, the request is not medically necessary.

Percocet 10/325 mg (dispense until 10/30/2014) #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant has failed to return to work. While the attending provider has suggested that the applicant's pain scores have been reduced with ongoing opioid therapy, the attending provider has failed to outline any material improvements in function achieved as result of ongoing Percocet usage. The fact that the applicant is still having difficult performing activities of daily living as basic as standing and walking do not make a compelling case for continuation of Percocet. Therefore, the request is not medically necessary.

Lunesta 3 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: While the MTUS does not specifically address the topic of Lunesta usage, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines does stipulate that an attending provider incorporate some discussion of applicant-specific variables such as "other medications" into his choice of recommendations. Here, the attending provider has not stated why he is furnishing the applicant with a prescription for Lunesta, a sleep aid. The applicant is separately receiving prescription for Xanax, another sleep aid, from her psychiatrist, and is also receiving a third sleep aid, Halcion, from her personal physician. Therefore, the request is not medically necessary.

Zanaflex 4 mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine/Zanaflex Functional Restoration Approach to Chronic to Management 9792.20f Page(s).

Decision rationale: While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tizanidine or Zanaflex is FDA approved in the management of spasticity but can be employed off label for low back pain, as is present here, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant has failed to demonstrate any lasting benefit or functional improvement through ongoing tizanidine usage. The applicant remains off work. Permanent work restrictions seemingly remain in place, unchanged, from visit to visit. The applicant remains dependent on opioid agents such as Percocet. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing tizanidine (Zanaflex) usage. Therefore, the request is not medically necessary.