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| Case Number: | CM14-0182202 | | |
| Date Assigned: | 11/07/2014 | Date of Injury: | 05/11/2003 |
| Decision Date: | 12/12/2014 | UR Denial Date: | 10/07/2014 |
| Priority: | Standard | Application Received: | 11/03/2014 |

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 55-year-old female with a date of injury of 05/11/2003. The listed diagnoses are: 1. Epicondylitis, lateral (elbow). 2. Low back pain. 3. Shoulder pain. 4. Muscle spasm. According to progress report 09/29/2014, the patient presents with neck, low back, and bilateral shoulder pain. The patient is taking ketoprofen, Norco, and tizanidine as needed. The physician states that the patient has been compliant with her medications and has not developed tolerance to addiction. Medications have been helpful to keep her functional and reduce her flareups. Examination revealed painful resisted wrist extension and radial deviation, palpation tenderness of the lateral epicondyle was noted. Shoulder abduction was painful and positive Hawkins' and Neer's test was noted. The physician is requesting a refill of ketoprofen, Norco, and tizanidine. Utilization review denied the request on 10/07/2014. Treatment reports from 02/18/2014 through 09/29/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 75 MG with 1 Refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Anti-inflammatory medications Page(s): 60-61; 22.

Decision rationale: This patient presents with neck, low back, and bilateral shoulder pain. The physician is requesting Ketoprofen 75mg with 1 refill. The MTUS Guidelines page 22 supports the use of NSAIDs for chronic LBP as a first line of treatment. Review of the medical file indicates the patient has been prescribed this medication since at last 06/18/2014. The physician states that medications help reduce patient's pain and keep her functional. In this case, given the efficacy of this medication, ketoprofen may be indicated for patient's low back pain. Therefore, Ketoprofen 75 MG with 1 Refill is medically necessary.

Norco 325 MG-5 MG with 1 Refill: Upheld

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; CRITERIA FOR USE OF OPIOIDS Page(.

Decision rationale: The MTUS Guidelines pages 88 and 89 state, "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 4 A's (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 of the medical file indicates the patient has been prescribed Norco since at least 06/18/2014. Report 09/29/2014 states medications "have been helpful to help her functional and reduced her need for frequent F/U for flare-ups." In this case, recommendation for further use of Norco cannot be supported as the physician does not provide before and after pain scales to show analgesia, specific ADLs, or changes in functional improvement as required by MTUS for continued opiate use. Furthermore, the physician has not provided urine toxicology and CURES reports are not discussed. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should now slowly be weaned as outlined in MTUS Guidelines. Norco 325 MG-5 MG with 1 Refill is not medically necessary.

Tizanidine 4 MG with 1 Refill: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Antispasticity/Antispasmodic Drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain ANTISPASTICITY/ANTISPASMODIC DRUGS Page(s): 66.

Decision rationale: This patient presents with neck, low back, and bilateral shoulder pain. The physician is requesting refill of Tizanidine 4 mg with 1 refill (1 tab b.i.d. orally 3-4x a week). MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain, pg 66: Anitispasticity / Antispasmodic Drugs: Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain." Review of the medical file indicates the patient has been prescribed this medication since at least 06/18/2014. The physician states that medications help reduce patient's pain and keep her functional. In this case, given the patient continued low back pain and the physician's statement of efficacy, Therefore, Tizanidine 4 MG with 1 Refill is medically necessary.