

Case Number:	CM14-0031903		
Date Assigned:	06/04/2014	Date of Injury:	01/23/2000
Decision Date:	08/15/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/13/2014

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 Family Medicine and is licensed to practice in Tennessee, California, Florida and Maine. 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 injured worker is a 65-year-old female injured on 01/23/00 when she was assisting with transfer of a body from a chair to a gurney and sustained injuries to the low back. Injured worker underwent laminectomy and 360 fusion from L2 through S1 on 09/19/12. Current diagnoses include failed lumbar fusion, pain in the hip/pelvic joint region, thoracic spine pain, severe reactive depression/anxiety, osteopenia, high CRP etiology unclear/possibly due to gingivitis, anorexia/cachexia, anemia, sleep disturbance related to chronic pain, labile hypertension, xerostomia, right-sided facial trauma, peripheral neuropathy, paresis of the left hand, and decubitus of the sacrum. The clinical note dated 1/22/13 indicated the injured worker presented with pressure ulcer on the sacrum due to sitting and decreased subcutaneous tissue. Injured worker rated her pain level at 7-9/10 on current medication regimen. The documentation indicates the injured worker continues to have good appetite with use of Marinol. It is noted the injured worker is worse emotionally. Objective findings include dysphoric affect, facial drooping on the left, slight slur with speech, wheelchair use, 0/5 motor weakness of the right plantar flexion and dorsa flexion ankle, numbness to right foot, pitting edema right foot 2+, decreased lumbar range of motion, lumbar kyphosis, deep tendon reflexes absent globally, small uninfected it decubitus over sacrum. Documentation indicates the use of OxyContin 40 mg, Opana ER 10 mg at night, and Actiq 600 g daily allows her to perform grooming, manipulate her wheelchair, and function with quality of life. Additional medications include Tizanidine 6 mg times six capsules daily, Nuvigil 250 mg daily, Neurontin, Lidoderm, Atenolol, Valium, and Norco. The initial request for Tizanidine 4 mg #180, Valium 5 mg #90, Marinol 10 mg #120, Actiq 600 mg #30, and Dilaudid 2 mg #150 was initially denied on 2/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

TIZADINE 4MG #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 63.

Decision rationale: As noted on page 63 of the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of Tizadine 4MG #180 cannot be established at this time.

VALIUM 5MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 24.

Decision rationale: As noted on page 24 of the Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to four weeks. Studies have shown that tolerance to hypnotic effects develops rapidly and tolerance to anxiolytic effects occurs within months. It has been found that long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. As such the request for Valium 5MG #90 cannot be recommended as medically necessary at this time.

MARINOL 10MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DRONABINOL Page(s): 27, 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CANNABINOIDS Page(s): 28.

Decision rationale: As noted on page 28 of the Chronic Pain Medical Treatment Guidelines, the use of cannabinoids is not recommended. There is limited research to support the use of Marinol

in the treatment of pain. As such, the request for Marinol 10MG #120 cannot be recommended as medically necessary at this time.

NUVIGIL 150MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN (CHRONIC), ARMODAFINIL (NUVIGIL).

Decision rationale: As noted in the Official Disability Guidelines, Nuvigil is not recommended solely to counteract sedation effects of narcotics. Armodafinil is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. It is not recommended solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing, and it is noted that there should be heightened awareness for potential abuse of and dependence on this drug. The documentation does not indicate the injured worker is being prescribed Modafinil to counteract excessive sleepiness and is not Food and Drug Administration approved for the treatment of psychiatric conditions. As such, the request for Nuvigil 150MG #30 is not recommended as medically necessary.

ACTIQ 600MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 12.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN (CHRONIC), ACTIQ (ORAL TRANSMUCOSAL FENTANYL LOLLIPOP).

Decision rationale: As noted in the Official Disability Guidelines, Actiq is not recommended for musculoskeletal pain. Actiq is indicated only for the management of breakthrough cancer pain in patients with malignancies who are already receiving and who are tolerant to opioid therapy for their underlying persistent cancer pain. Actiq is contraindicated in acute pain; is not for use in chronic pain; and has a Black Box warning for abuse potential. There is no indication in the documentation that the injured worker has been diagnosed with cancer necessitating Actiq. As such, the request for Actiq 600MG #30 cannot be recommended as medically necessary at this time.

OXYCONTIN 40MG #240: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 77.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is sufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review supports an appropriate evaluation for the continued use of narcotics as well as establishes the efficacy of narcotics, Oxycontin 40MG #240 is recommended as medically necessary at this time.

DILAUDID 2MG #150: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS CRITERIA FOR USE Page(s): 77.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is sufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review supports an appropriate evaluation for the continued use of narcotics as well as establishes the efficacy of narcotics, Dilaudid 2MG #150 is recommended as medically necessary at this time.