

Case Number:	CM14-0032623		
Date Assigned:	06/20/2014	Date of Injury:	03/30/2010
Decision Date:	07/18/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/14/2014

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, 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 injured worker is a 37-year-old male with a reported date of injury on 03/30/2010. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include lumbar discogenic disease at L5-S1, status post lumbar spine fusion, and lumbar spine radiculitis. His previous treatments were noted to include physical therapy, surgery, and medications. The progress note dated 01/14/2014 reported the injured worker complained of low back pain and was status post a lumbar spine fusion. The physical examination showed muscular strength testing to the bilateral lower extremities were rated 5/5. The examination of the lumbar spine revealed a spasm and limited range of motion. There was a positive Lasegue and a straight leg raise on the right and there was some improvement noted in the right leg pain. The medications were listed as OxyContin 20 mg 1 by mouth 3 times a day, Xanax 2 mg 1 twice daily, Tizanidine 4 mg 1 by mouth 3 times a day, and Norco 10/325 mg 1 by mouth 4 times a day. The request for authorization form was not submitted within the medical records. The request is for retrospective OxyContin 20 mg #90, Xanax 2 mg #100, Tizanidine 4 mg #90, and Norco 10/325 #120. However, the physician's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective - Oxycontin 20 mg # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ON-GOING MANAGEMENT Page(s): 78. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), OPIOID MORPHINE EQUIVALENT CALCULATOR.

Decision rationale: The retrospective request OxyContin 20 mg #90 is non-certified. The injured worker has been taking this medication since at least 11/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors, should be addressed. There is a lack of evidence of decreased pain on a numerical scale, as well as improved functional status or side effects. There is a lack of documentation as to whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, due to a lack of documentation regarding significant pain relief, increased function, adverse effects, and without details regarding urine drug testing to verify appropriate medication use in the absence of aberrant behavior, the ongoing use of opioid medications is not supported by the guidelines. It is also noted the combination of OxyContin and Norco rate a total of 130 morphine equivalent doses, and the guidelines recommend 120 morphine equivalent doses. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the requested service is not medically necessary and appropriate.

Retrospective - Xanax 2 mg # 100: Upheld

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

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

Decision rationale: The retrospective request for Xanax 2 mg #100 is non-certified. The injured worker has been taking this medication since at least 11/2013. The California Chronic Pain Medical Treatment Guidelines do not recommend benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The range of action includes sedatives/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice for very few conditions. A more appropriate treatment for anxiety disorder is an antidepressant. The guidelines state tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The injured worker has been utilizing this medication for over 6 months and the guidelines state efficacy diminishes within a few weeks. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary and appropriate.

Retrospective - Tizanidine 4 mg # 90: Upheld

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

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

Decision rationale: The retrospective request for Tizanidine 4 mg #90 is non-certified. The injured worker has been taking this medication since at least 11/2013. The California Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. The guidelines state efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The injured worker has been utilizing this medication for over 6 months, and there is a lack of documentation regarding efficacy of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary and appropriate.

Retrospective - Norco 10/325 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ON-GOING MANAGEMENT.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ON-GOING MANAGEMENT Page(s): 78. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), OPIOID MED CALCULATOR.

Decision rationale: The retrospective request for Norco 10/325 #120 is non-certified. The injured worker has been taking this medication since at least 11/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors, should be addressed. There is a lack of evidence of decreased pain on a numerical scale, as well as improved functional status or side effects. There is a lack of documentation as to whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, due to a lack of documentation regarding significant pain relief, increased function, adverse effects, and without details regarding urine drug testing to verify appropriate medication use in the absence of aberrant behavior, the ongoing use of opioid medications is not supported by the guidelines. It was noted the combination of OxyContin and Norco rate a total of 130 morphine equivalent doses, and the guidelines recommend 120 morphine equivalent doses. Additionally, the request failed to provide the frequency at which

this medication is to be utilized. As such, the requested service is not medically necessary and appropriate.