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| Case Number: | CM14-0033919 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 10/31/2002 |
| Decision Date: | 07/18/2014 | UR Denial Date: | 02/13/2014 |
| Priority: | Standard | Application Received: | 03/18/2014 |

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 & Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 56 year old male who reported in injury on 10/31/2002 of unknown mechanism of injury. The injured worker had a history of lower back, right leg pain and numbness to the foot with 8/10 pain using the VAS pain scale. The injured worker had a diagnosis of lumbar degenerative disc disease, right lumbar radiculopathy and peripheral neuropathy. On examination the injured worker had difficulty sitting comfortably in chair and raising form the chair, he had stiffness and discomfort with range of motion to the lumbar spine, straight leg rise positive on the right side, sensory deficit in bilateral feet with no range noted. The injured worker had a three documented epidural steroid injections dated 07/09/2013, 12/02/2013 and 02/11/2013. The medications include Norco 10/325mg one three times daily, Lyrica 75mg one in the morning and one at sleep, amitriptyline 50mg three tablets at sleep and trizanidine 4mg 1-4 tablets and sleep as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Norco 10/325mg #210: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The California MTUS guidelines indicate on-going management actions should include: Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. These domains have been summarized as the "4 A's" The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. To aid in pain and functioning assessment, the patient should, be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. The documentation was not evident of any improvement in the injured worker's pain level, documentation should include any aberrant effects, and home exercise program should be included with treatment plan. The request did not have the frequency of the Norco. Therefore, the request for Norco 10/325mg #240 is not medically necessary.

Prospective request for 1 prescription of Tizanidine 4mg #120: Upheld

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

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

Decision rationale: The California Guidelines MTUS recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic lower back pain. Relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in lower back pain cases, they show no benefit beyond nonsteroidal anti-inflammatory drugs in pain and overall improvement. Also there is no additional benefit shown in combination with non-steroidal anti-inflammatory drugs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Drugs with the most limited, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. The documentation indicates that the primary use for Tizanidine is for pain control/spasms. The documentation is unclear on

the frequency that the injured worker requires Tizanidine and the effectiveness for long term use as indicated in chart notes. Therefore, the request for 1 prescription of Tizanidine 4 mg #120 is not medically necessary.

Prospective request for 1 prescription of Amitriptyline 50mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14.

Decision rationale: The California Guidelines MTUS recommend that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The optimal duration of treatment is not known because most double-blind trials have been of short duration (6-12 weeks). It has been suggested that if pain is in remission for 3-6 months, a gradual tapering of anti-depressants may be undertaken. The documentation indicates that the injured worker had been on Amitriptyline since 11/12/2012. The request did not indicate the frequency desired. Therefore, the request for Amitriptyline is not medically necessary.