

Case Number:	CM14-0035531		
Date Assigned:	06/25/2014	Date of Injury:	09/20/2004
Decision Date:	07/22/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/24/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 66-year-old female with a 9/20/04 date of injury. At the time (3/6/14) of request for authorization for Oxycontin 80 mg QTY: 60.00, Oxycodone 30 mg QTY: 180.00, and Tizanidine 4 mg QTY: 60.00, there is documentation of subjective (lower back pain and right leg pain) and objective (loss of lumbar lordosis, guarded range of motion, back stiffness and discomfort at extremes of motion, mechanical allodynia around the flap scarring in the right leg) findings, current diagnoses (history of postlaminectomy syndrome, lumbar spine, status post decompressive laminectomy; chronic right leg pain status post complicated right leg fracture, subsequent soft tissue infection with multiple flap procedures and skin grafts), and treatment to date (medications (including ongoing use of Oxycodone, Oxycontin, and Zanaflex since at least 9/13)). Regarding the requested Oxycontin 80 mg QTY: 60.00, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Oxycontin use to date. Regarding the requested Oxycodone 30 mg QTY: 180.00, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Oxycodone use to date. Regarding the requested Tizanidine 4 mg QTY: 60.00, there is no documentation of acute exacerbation of chronic low back pain, that

tizanidine is being used as a second line option, functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of tizanidine use to date, and an intention for short-term treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80 mg QTY: 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. Chronic Pain Medical Treatment Guidelines-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of history of postlaminectomy syndrome, lumbar spine, status post decompressive laminectomy; chronic right leg pain status post complicated right leg fracture, subsequent soft tissue infection with multiple flap procedures and skin grafts. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Oxycontin use to date. Therefore, based on guidelines and a review of the evidence, the request for Oxycontin 80 mg qty: 60.00 is not medically necessary.

Oxycodone 30mg QTY:180.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. Chronic Pain Medical Treatment Guidelines-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of history of postlaminectomy syndrome, lumbar spine, status post decompressive laminectomy; chronic right leg pain status post complicated right leg fracture, subsequent soft tissue infection with multiple flap procedures and skin grafts. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Oxycodone use to date. Therefore, based on guidelines and a review of the evidence, the request for Oxycodone 30 mg qty: 180.00 is not medically necessary.

Tizanidine 4mg QTY: 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. Chronic Pain Medical Treatment Guidelines-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of history of postlaminectomy syndrome, lumbar spine, status post decompressive laminectomy; chronic right leg pain status post complicated right leg fracture, subsequent soft tissue infection with multiple flap procedures and skin grafts. However, there is no documentation of acute exacerbation of chronic low back pain and that tizanidine is being used as a second line option. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of tizanidine use to date. Furthermore, given documentation of tizanidine use since at least 9/13, there is no documentation of an intention for short-term treatment. Therefore, based on guidelines and a review of the evidence, the request for Tizanidine 4 mg qty: 60.00 is not medically necessary.

