

Case Number:	CM14-0037611		
Date Assigned:	06/27/2014	Date of Injury:	08/23/2000
Decision Date:	11/12/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/28/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and hip pain reportedly associated with an industrial injury of August 22, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated February 28, 2014, the claims administrator failed to approve a request for Nucynta, Neurontin, tizanidine, and Edluar. The applicant's attorney subsequently appealed. In a progress note dated July 9, 2013, the applicant was described as severely obese. Persistent complaints of pain were noted. The applicant was having difficulty performing activities of daily living secondary to pain. Nucynta, Neurontin, Edluar, tizanidine, and weight loss were endorsed. The applicant's work status was not clearly stated, although it did not appear that the applicant was working. In an April 29, 2014 progress note, the applicant was using a wheelchair to move about. Persistent complaints of low back and hip pain were noted. The applicant was reportedly using Norco, Nucynta, and Neurontin. The applicant was asked to start baclofen for spasm and Edluar for sleep. Somewhat incongruously, the applicant was described as using Edluar in an earlier note dated December 13, 2013, in which it was again stated that the applicant was using a wheelchair to move about.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 100 MG # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is seemingly off of work. The applicant does not appear to be working with permanent limitations in place. The applicant is having difficulty performing activities of daily living as basic as ambulating, despite ongoing usage of Nucynta. The attending provider has failed to quantify any decrements in pain achieved as a result of ongoing Nucynta usage. All of the foregoing, taken together, does not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.

Tizanidine 4 MG # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/antispasmodic drugs, Tizanidine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine/Zanaflex Page(s): 66, 7. Decision based on Non-MTUS Citation MTUS 9792.20f

Decision rationale: While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tizanidine or Zanaflex is FDA approved in the management of spasticity and can be employed off label for low back pain, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant is off of work. Ongoing usage of tizanidine has failed to curtail the applicant's dependence on opioid agents such as Norco and Nucynta. The applicant is having difficulty performing activities of daily living as basic as ambulating. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of tizanidine. Therefore, the request is not medically necessary.

Edluar 10 MG # 30:

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Edluar Medication Guide

Decision rationale: While the MTUS does not specifically address the topic of Edluar usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purposes has a responsibility to be well informed regarding usage of the same and, should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Edluar is indicated in the short-term treatment of insomnia, for up to four to five weeks. In this case, however, it appears that the applicant has been using Edluar for what appears to be a minimum of seven to eight months. This is not an FDA-endorsed role for Edluar. The attending provider failed to furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable FDA position on the article at issue. Therefore, the request is not medically necessary.