

Case Number:	CM14-0044272		
Date Assigned:	06/20/2014	Date of Injury:	09/28/2011
Decision Date:	07/21/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/11/2014

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 North Carolina. 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 patient is a 26-year-old with a reported date of injury of 09/28/2011. The patient has the diagnoses of low back pain with disc protrusion at L5-S1, recurrent disc protrusion at L5-S1 with degenerative disc disease and left lumbar radiculopathy. Treatments have included medication for chronic pain, microdiscectomy at L5-S1 and anterior fusion at L5-S1. The most recent treatment notes from the primary treating physician dated 02/20/2014 notes the patient reported more pain in the lower back with shooting pain to the left leg. Physical exam noted decreased range of motion and decrease straight leg raise. Treatment plan included toradol injection, request for epidural injection, continuation of medications and continued psychology care.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN (ROXICODONE) 80 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS
Page(s): 74-96.

Decision rationale: The California MTUS makes the following recommendations concerning the continued use of opioids in chronic pain: When to Continue Opioids(a) If the patient has returned to work(b) If the patient has improved functioning and pain (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) Chronic back pain: Appears to be efficacious but limited for short-term pain relief, and long term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. In regards to dosing: Recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The patient has not only failed to meet the requirements for continued long term use of opioids for chronic pain, but the dose prescribed is in excess of recommendations. The request is not medically necessary.

OXYCODONE (PERCOCET) 30MG #210: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS
Page(s): 74-96.

Decision rationale: The California MTUS makes the following recommendations concerning the continued use of opioids in chronic pain: When to Continue Opioids(a) If the patient has returned to work(b) If the patient has improved functioning and pain (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) Chronic back pain: Appears to be efficacious but limited for short-term pain relief, and long term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. In regards to dosing: Recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The patient has not only failed to meet the requirements for continued long term use of opioids for chronic pain, but the dose prescribed is in excess of recommendations. The request is not medically necessary.

XANAX (ALPRAZOLAM) 1 MG #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 MUSCLE RELAXANTS Page(s): 63-66.

Decision rationale: The California MTUS makes the following recommendations concerning the use of benzodiazepines in the setting of chronic pain: Benzodiazepines: Not recommended due to rapid development of tolerance and dependence. There appears to be little benefit for the use of this class of drugs over nonbenzodiazepines for the treatment of spasm. (See, 2008) Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005) There is no mention in the medical records of the patient being treated for an anxiety disorder. The medication has also been used for greater than a four week period of time. For these reasons the medication is not medically necessary.

ZANAFLEX (TIZANIDINE) 4 MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-66.

Decision rationale: The California MTUS makes the following recommendations concerning muscle relaxants and the treatment of chronic pain: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) In particular in concerns to tizanidine, the following is noted: Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. The patient is using the muscle relaxant as a long term medication, not simply in the case of acute exacerbation of chronic low back pain. Also tizanidine does not have the FDA indication for low back pain. For these reasons the medication is not medically necessary.