

Case Number:	CM14-0044936		
Date Assigned:	07/02/2014	Date of Injury:	04/07/2003
Decision Date:	09/18/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/12/2014

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, has a subspecialty in Interventional Spine 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 patient is a 63-year-old female with date of injury of 04/07/2003. The listed diagnoses per [REDACTED] are chronic pain syndrome, degeneration of lumbar or lumbosacral intervertebral disk, disk displacement with radiculitis, lumbar, lumbosacral spondylosis without myelopathy, myalgia, myositis, depressive disorder, non-organic sleep disorder, asthma and esophageal reflux. According to progress report 02/11/2014, the patient presents with chronic pain syndrome. The patient reports normal pain level of 7/10, worse pain of 9-10 and least pain of 4/10. Physical examination revealed straight leg raise was positive bilaterally for the lower back pain with radicular pain. Sciatic notch tenderness was present bilaterally, left greater than right. Range of motion was limited and painful. There is diminished sensation in the L4 and L5 dermatomes on the right. Narcotic agreement was signed in 2007. Provider noted to have pill counts and urine toxicology screens, which were carried out on a regular interval. He is requesting a refill of tramadol 50 mg #180, methadone 10 mg #120, Tizanidine 4 mg #90, and Norco 10/325 mg #120. Utilization review denied the request on 03/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89.

Decision rationale: This patient presents with chronic pain syndrome. The provider is requesting a refill of Tramadol 50mg #180. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of progress reports 09/25/2013 through 02/04/2014 documents pain levels and discuss pill counts and UDS. There are no discussions of this medication's efficacy in terms of functional improvement, quality of life change, or increase in activities of daily living. Given the lack of sufficient documentation warranting long term opiate use, the request is not medically necessary.

Methadone 10mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines on Long-term Opioid use Page(s): 88-89.

Decision rationale: This patient presents with chronic pain syndrome. The provider is requesting a refill of Methadone 10mg #120. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. This patient has been prescribed Methadone since at least 09/25/2013. Review of progress reports 09/25/2013 through 02/04/2014 documents pain levels and discuss pill counts and UDS. There are no discussions of this medication's efficacy in terms of functional improvement, quality of life change, or increase in activities of daily living. Given the lack of sufficient documentation warranting long term opiate use, the request is not medically necessary.

Tizanidine 4mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY/ANTISPASMODIC DRUGS Page(s): 66.

Decision rationale: This patient presents with chronic pain syndrome. The provider is requesting a refill of Tizanidine 4mg #90. Review of the medical file indicates the patient has been taking this medication since at least 09/25/2013. The MTUS Guidelines page 66 allows for the use of Zanaflex (Tizanidine) for low back pain, myofascial pain, and fibromyalgia. In this case, the provider does not provide any discussion regarding functional improvement or decrease in pain from taking this medication. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. Therefore the request is not medically necessary.

Norco 10/325 #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89.

Decision rationale: This patient presents with chronic pain syndrome. The provider is requesting a refill of Methadone 10mg #120. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. This patient has been concurrently prescribed multiple opioids including Tramadol, Methadone and Norco since at least 09/25/2013. Although provider provides pain assessment in his progress reports, there are no discussions of functional improvement, quality of life change, or increase in ADLs with taking Norco. Given the lack of sufficient documentation warranting long term opiate use, the request is not medically necessary.