

Case Number:	CM14-0048248		
Date Assigned:	07/02/2014	Date of Injury:	03/20/2003
Decision Date:	08/06/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/16/2014

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 Medicine and is licensed to practice in Texas and Florida. 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 72-year-old female who was injured on 3/20/2003. The diagnoses are low back pain, left knee pain, and muscle spasm. On 3/24/2014, the patient complained of low back pain radiating down the lower extremities. The pain score was 7/10 with medications and 10/10 without medications in a scale of 0 to 10. The patient also complained of insomnia and constipation. Examination revealed tenderness in the sacroiliac joints area and left knee. On 4/9/2014 [REDACTED] noted that the patient have active Pain Contract in 2013 and 2014. There was no drug seeking behavior. The UDS on 2/18/2014 was consistent. The medications are Opana and Dilaudid for pain and Tizanidine for muscle spasm. A Utilization Review determination was rendered on 3/28/2014 not granting the request for Opana ER 20mg #120, Opana ER 10mg #120, Tizanidine 4 mg # 120 and Dilaudid 4mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 20mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The California MTUS addressed the use of opioids for the treatment of chronic musculoskeletal pain. Opioids could be utilized for short-term treatment of severe pain during acute injury and periods of exacerbation of chronic pain. Failure to respond to a time-limited course of treatment warrant reassessment and consideration of alternative treatment options. Long-term utilization of high dose opioids can lead to tolerance, addiction, adverse effects and opioid induced hyperalgesia. The patient has a long history of high dose opioid utilization with persistent high pain levels, suggestive of hyperalgesia state. There are documented opioid induced side effects such as insomnia and constipation. The criteria for chronic opioid treatment with Opana ER 20mg #120 were not met. The MTUS and Official Disability Guidelines recommends the involvement of Multidisciplinary Chronic Pain Programs or Psychiatry / Addiction Medicine Specialists for safe weaning from high dose opioid medications. Therefore, the request is not medically necessary.

Opana 10mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The California MTUS addressed the use of opioids for the treatment of chronic musculoskeletal pain. Opioids could be utilized for short-term treatment of severe pain during acute injury and periods of exacerbation of chronic pain. Failure to respond to a time-limited course of treatment warrant reassessment and consideration of alternative treatment options. Long-term utilization of high dose opioids can lead to tolerance, addiction, adverse effects and opioid induced hyperalgesia. The patient has a long history of high dose opioid utilization with persistent high pain levels, suggestive of hyperalgesia state. There are documented opioid induced side effects such as insomnia and constipation. The criterion for chronic opioid treatment with Opana ER 10mg #120 was not met. The MTUS and Official Disability Guidelines recommends the involvement of Multidisciplinary Chronic Pain Programs or Psychiatry / Addiction Medicine Specialists for safe weaning from high dose opioid medications. Therefore, the request is not medically necessary.

Tizanidine 4mg #120: Overturned

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

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

Decision rationale: The California MTUS and the Official Disability Guidelines addressed the use of antispasmodics and muscle relaxants in the treatment of muscle spasms associated with

chronic pain. Tizanidine is a centrally acting medication with less sedating effects than other first-line medications. There is established efficacy in myofascial pain syndrome associated with low back pain. The records indicate that the patient did have recurrent episodes of muscle spasms that is responsive to Tizanidine treatment. No side effects have been reported. The criteria for the use of Tizanidine 4mg # 120 were met. Therefore, the request is medically necessary.

Dilaudid 4mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96,124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The California MTUS addressed the use of opioids for the treatment of chronic musculoskeletal pain. Opioids could be utilized for short-term treatment of severe pain during acute injury and periods of exacerbation of chronic pain. Failure to respond to a time-limited course of treatment warrant reassessment and consideration of alternative treatment options. Long-term utilization of high dose opioids can lead to tolerance, addiction, adverse effects and opioid induced hyperalgesia. The patient has a long history of high dose opioid utilization with persistent high pain levels, suggestive of hyperalgesia state. There are documented opioid induced side effects such as insomnia and constipation. The criterion for chronic opioid treatment with Dilaudid 4mg #180 was not met. The MTUS and Official Disability Guidelines recommends the involvement of Multidisciplinary Chronic Pain Programs or Psychiatry / Addiction Medicine Specialists for safe weaning from high dose opioid medications. Therefore, the request is not medically necessary.