

Case Number:	CM14-0049216		
Date Assigned:	07/07/2014	Date of Injury:	02/02/1994
Decision Date:	08/26/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/17/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 50 year old employee with date of injury of 2/2/1994. Medical records indicate the patient is undergoing treatment for failed lumbar surgery syndrome; post laminectomy syndrome of the lumbar spine; symptoms of depression, insomnia, anxiety, insomnia, degeneration of lumbar disc; lumbago; thoracic or lumbosacral neuritis and chronic pain syndrome. Subjective complaints include pain at 4-5/10. The medication regimen helps greatly and without the medications the pain is exacerbated rapidly and the pain becomes an 8-10/10 and does not allow him to rest or sleep. Without medications, the pain become severe/intractable and is exacerbated by all movement or activity. Objective findings include moderate lumbar tenderness and tightness extending to the sacroiliac joints; range of motion (ROM) decreased by 25% in all ranges; positive left straight leg raise causes pain across the lower back and posterolateral right leg into calf and hypoesthesia left posterolateral leg from hip to heel. Treatment has consisted of MS Contin, Oxycodone, Remeron, Valium, Mobic, Lexapro, Amitriptyline and Zanaflex. The utilization review determination was rendered on 4/9/2014 recommending non-certification of Amitriptyline HCL 25mg #30 with 3 refills, Oxycodone IR 5mg #180, Mobic 15mg #30 with 3 refills and Zanaflex 4mg #90 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline HCL 25mg #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Page(s): 13. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, TCA's.

Decision rationale: My rationale for why the requested treatment/service is or is not medically necessary: California Medical Treatment Utilization Schedule (MTUS) states that Amitriptyline is a tricyclic antidepressant. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Official Disability Guidelines (ODG) states Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. (Additional side effects are listed below for each specific drug.) It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The optimal duration of treatment is not known because most double-blind trials have been of short duration (6-12 weeks). It has been suggested that if pain is in remission for 3-6 months, a gradual tapering of anti-depressants may be undertaken. ODG states Dosing Information: Amitriptyline: Neuropathic pain: The starting dose may be as low as 10-25 mg at night, with increases of 10-25 mg once or twice a week up to 100 mg/day. (ICSI, 2007) The lowest effective dose should be used (Dworkin, 2007). While the treating physician has met the above guidelines to utilize Amitriptyline for the treatment of neuropathic pain, refills are not indicated due to the need for medical monitoring. As such, the request for Amitriptyline HCL 25mg #30 with 3 refills is not medically necessary.

Oxycodone IR 5mg #180: 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) Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids.

Decision rationale: Oxycodone is the generic version of OxyContin, which is a pure agonist opioid. Official Disability Guidelines (ODG) does not recommend the use of opioids for low back pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. California Medical Treatment Utilization Schedule (MTUS) does not discourage use of opioids past 2 weeks, but does state that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life.

MTUS states that Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. A 2/20/14 report documented no improvement of pain with the use of Oxycodone. This was a treatment failure as the patient showed no functional improvement or improved quality of life. A previous UR began tapering to 76 tablets. The current UR continued tapering with Oxycodone IR 15 mg # 62. As such, the request for Oxycodone IR 5mg #180 is not medically necessary.

Mobic 15mg #30 with 3 reills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Meloxicam, NSAIDs Page(s): 61, 67-68.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) states Meloxicam is a non steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. See NSAIDs. MTUS guidelines for NSAIDs are divided into four usage categories: Osteoarthritis (including knee and hip), Back Pain- Acute exacerbations of chronic pain, Back Pain - Chronic low back pain, and Neuropathic pain. The treating physician does meet the MTUS guidelines for the use of Meloxicam, but refills are not appropriate due to the need for medical monitoring. As such the request for Mobic 15mg #30 with 3 refills is not medically necessary.

Zanaflex 4mg #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Zanaflex Page(s): 63-67.

Decision rationale: Zanaflex is a muscle relaxant. California Medical Treatment Utilization Schedule (MTUS) states concerning muscle relaxants 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) (VanTulder, 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) Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen. (Chou, 2004) According to a recent review in American Family Physician, skeletal muscle relaxants are the most widely prescribed drug class

for musculoskeletal conditions (18.5% of prescriptions), and the most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. (See2, 2008). MTUS states, 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. (Malanga, 2008) Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. (Malanga, 2002) May also provide benefit as an adjunct treatment for fibromyalgia. (ICSI, 2007). Refills are not appropriate for Zanaflex due to the need for medical monitoring. In addition, it is not clear that the patient is getting relief from Zanaflex as intractable pain is noted in the 3/20/14 report. As such, the request for Zanaflex 4mg #90 with 3 refills is not medically necessary.