

Case Number:	CM14-0053808		
Date Assigned:	07/07/2014	Date of Injury:	04/18/2002
Decision Date:	08/18/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/22/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California and Washington. 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 injured worker is a 57-year-old female who reported an injury on 04/18/2002 due to an unknown mechanism of injury. The injured worker complained of diffuse pain all over her body. On 06/11/2014, the physical examination of the lumbar spine revealed diffuse tenderness at L1-S1. There was also tenderness at the bilateral paraspinal muscles. According to the documentation provided, the injured worker had an magnetic resonance imaging (MRI) of the cervical spine with and without contrast on 07/25/2011. The injured worker reported 2-6/10 pain with medications and 10/10 pain without medications. The provider indicated Norco 10/325mg was reduced to #66 and Oxycontin 40mg was reduced to #45 a month; however, the injured worker was unable to reduce Norco usage. According to the documentation provided, on 06/06/2014 the urinalysis was consistent with the prescribed medications for the injured worker. The injured worker had diagnoses of cervical radiculitis, lumbar radiculopathy, anxiety, depression, and insomnia. The past treatment methods included a C5-6 anterior cervical discectomy and fusion, home exercise program, medication management, aquatic therapy, and the use of a TENS unit. The injured worker's medications included Norco 10/325 mg, OxyContin 40 mg, Senokot-S, Tizanidine, and Effexor XR 150 mg. According to the examination on 06/04/2014, the treatment plan was for an ongoing home exercise program. The provider recommended Norco and Oxycontin for pain and Tizanidine for muscle spasms. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Hydrocodone-Acetaminophen 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen; Opioids, dosing; When to Discontinue Opioids; When to Continue Opioids; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-78.

Decision rationale: The request for one prescription of hydrocodone/acetaminophen 10/325 mg #150 is not medically necessary. The injured worker had a history of diffuse pain all over her body. According to the California MTUS Guidelines, the ongoing management of patients taking opioid medications should include routine office visits and detailed documentation of the extent of pain relief, functional status in regard to activities of daily living, appropriate medication use and/or aberrant drug-taking behaviors, and adverse side effects. The 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. The requesting physician did not provide documentation including an adequate and complete assessment to which demonstrated significant functional benefits with the medication, side effects related to the medication, pain relief associated with the medication, and the presence or absence of aberrant behavior. In addition, the frequency for the proposed medication was not included in the request. Given the above, the request for one prescription of hydrocodone/acetaminophen 10/325 mg #150 is not medically necessary.

1 prescription of Oxycontin 40mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone controlled release (OxyContin (R)).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-78.

Decision rationale: The request for one prescription of OxyContin 40 mg #90 is medically necessary. The injured worker has a history of diffuse pain all over her body. According to the California MTUS Guidelines, the ongoing management of patients taking opioid medications should include routine office visits and detailed documentation of the extent of pain relief, functional status in regard to activities of daily living, appropriate medication use and/or aberrant drug-taking behaviors, and adverse side effects. The 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. It is noted within the documentation that the quantity of Oxycontin was decreased to 45; however, there is a lack of documentation indicating whether the injured worker was able to tolerate the reduction. The requesting physician did not provide documentation including an adequate and complete assessment to which demonstrated significant functional benefits with the medication, side effects related to the medication, pain relief associated with the medication, and the presence or

absence of aberrant behavior. In addition, the frequency for the proposed medication was not included in the request. Given the above, the request for one prescription of OxyContin 40 mg #90 is not medically necessary.

1 prescription of Tizanidine HCL 2mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex (R)); Muscle relaxants.

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

Decision rationale: The request for one prescription of Tizanidine HCL 2 mg #30 is not medically necessary. The injured worker has a history of diffuse pain all over her body. The CA MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of muscle relaxants may lead to dependence. The requesting physician did not provide documentation including an adequate and complete assessment of the length of therapy, the injured worker's abuse potential, and the use of nonpharmacologic methods to address musculoskeletal pain/spasms. There is a lack of documentation provided indicating the medication's efficacy to support continuation. There is a lack of documentation indicating significant muscle spasms were present upon physical exam. In addition, the frequency for the proposed medication was not provided with the request. Given the above, the request for one prescription of Tizanidine HCL 2 mg #30 is not medically necessary.