MAXIMUS Federal Services

Case Number:	CM14-0055241		
Date Assigned:	07/07/2014	Date of Injury:	11/11/1985
Decision Date:	08/29/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	04/24/2014

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 Management 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:

This is a patient with a date of injury of 11/11/85. A utilization review determination dated 4/17/14 recommends denial of Tizanidine and purchase of an H-Wave unit. Methadone was modified from an unspecified quantity to #60. Vicodin and Lidoderm patches were certified. On 4/11/14 a medical report identifies back and hip pain radiating to the left lower extremity. The provider disagreed with a prior review, noting that the patient weaned down at the request of the insurance carrier previously and is now at a minimum amount of pain medication necessary for her to maintain her functional capacity. Pain is 5/10. Current medications include Allegra, Flexeril, Flonase, Imitrex, Levoxyl, Lidoderm, Lopressor, Methadone, Nexium and Vicodin. On exam, there is limited lumbar spine range of motion (ROM) as well as decreased sensation over the posterior left calf and all aspects of the left foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 5 mg three times daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57, 61-63, 79-81, 117-118. Decision based on Non-MTUS Citation Clinical Pharmacology, 2008;.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79, 120.

Decision rationale: Regarding the request for Methadone, California Pain Medical Treatment Guidelines indicate that due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the provider notes that the patient is at the minimum amount of pain medication necessary for her to maintain her functional capacity, but no specific examples of functional improvement and percent reduction in pain or reduced NRS are noted. Furthermore, the request as written is open-ended, which is not supported as opioids require regular reassessment for efficacy, side effects, continued need, etc. The utilization reviewer modified the request to #60, but unfortunately, there is no provision to modify the current request to allow either an appropriate quantity or tapering. In light of the above issues, the current request for Methadone 5 mg three times daily is not medically necessary.

Tizanidine 4 mg 1/2 to 1 tablet by mouth everyday as needed for pain spasms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63. Decision based on Non-MTUS Citation Chou, 2007.

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

Decision rationale: Regarding the request for Tizanidine, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. The patient is also noted to be utilizing another muscle relaxant (Flexeril) and there is no rationale presented identifying the medical necessity of multiple concurrent muscle relaxants in the management of chronic pain. In light of the above issues, the current request for Tizanidine 4 mg 1/2 to 1 tablet by mouth everyday as needed for pain spasms is not medically necessary.

Purchase of H-Wave Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-118. Decision based on Non-MTUS Citation Julka, 1998;.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114, 117-118.

Decision rationale: Regarding the request for purchase of H-Wave unit, Chronic Pain Medical Treatment Guidelines indicate that H-wave stimulation is not recommended as an isolated intervention, but a one-month home-based trial of H-wave stimulation may be considered as a

noninvasive conservative option for diabetic neuropathic pain, or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy and medications plus transcutaneous electrical nerve stimulation. Within the documentation available for review, there is no indication of failure of an appropriate trial of TENS a successful H-wave trial with documentation of analgesic response and objective functional improvement. In the absence of such documentation, the current request for purchase of H-Wave Unit device is not medically necessary.