

Case Number:	CM14-0075741		
Date Assigned:	07/16/2014	Date of Injury:	01/12/2008
Decision Date:	08/18/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/23/2014

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 68-year-old female with a date of injury of 01/12/2008. The listed diagnosis per [REDACTED] is sprain/strain of the thoracic region. According to progress report 04/14/2014 by [REDACTED], the patient presents with pain in the thoracic spine region. The patient notes severity of pain is least pain 3/10 and worst pain is 7/10. The thoracic pain radiates from the mid-back outwards towards posterior right shoulder. The patient's medication regimen includes Benicar, Levothroid, Celebrex, Soma, Ultram, and Zanaflex. The treater states, medications will be continued along with activity modification and use of TENS unit. On 05/06/2013, the patient reported pain in the interscapular area with a higher intensity on the right compared to the left, with intermittent stabbing component. Medication listed was Celebrex 200 mg, Percocet 5/325 mg, Soma 350 mg, Benicar, and levothyroxine. Plan is for patient to continue current medications. This is a request for refill of Zanaflex 4 mg #90, oxycodone 5/325 mg #120, Celebrex 200 mg #60, and Tramadol HCl 50 mg #40. Utilization review denied the request on 05/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The patient presents with thoracic pain that radiates from the mid-back outwards towards the posterior right shoulder. The treating physician is requesting a refill of Zanaflex 4 mg #90. The MTUS Guidelines page 66 allows for the use of the Zanaflex for low back pain, myofascial pain, and fibromyalgia. The medical records indicate that the patient has been prescribed Zanaflex since at least 08/28/2013. In this case, none of the treating physician reports from 08/28/2013 to 04/14/2014 document how the patient is responding to Zanaflex. Given the patient's chronic back pain, Zanaflex may be indicated. However, without documentation of its efficacy, this medication cannot be supported. MTUS page 60 requires documentation of pain assessment and function as related to use of medication for chronic pain. Given the above the request is not medically necessary.

Oxycodone 5/325mg #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; 78.

Decision rationale: The patient presents with thoracic pain that radiates from the mid-back outwards towards the posterior right shoulder. The treating physician is requesting a refill of oxycodone 5/325 mg #120. Page 78 of MTUS requires Pain Assessment that 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. Furthermore, The 4 A's for ongoing monitoring are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. Review of the medical file indicates the patient has been taking oxycodone since 08/28/2013. this case, the treating physician provides a pain scale describing least and worst pain but does not correlate the pain rating with any medication. The treating physician also does not provide functional improvement with taking chronic opioid. There is no discussion regarding significant changes in ADLs or change in work status or return to work due to warranted chronic opioid use. Given the lack of sufficient documentation, Given the above the request is not medically necessary.

Celebrex 200mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Anti-inflammatory medications; NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 60, 61; 22; 67,68.

Decision rationale: The patient presents with thoracic pain that radiates from the mid-back outwards towards the posterior right shoulder. The treating physician is requesting Celebrex 200 mg #60. The treating physician states the patient is taking Celebrex twice a day for inflammation. For anti-inflammatory medications, the MTUS Guidelines page 22 states, Anti-inflammatories are the first line of treatment to reduce pain, so activity and functional restoration can resume. The long term use may not be warranted. Review of the medical file indicates the patient has been prescribed Celebrex since 05/06/2013. In this case, the patient has been taking Celebrex for inflammation, but the treating physician does not provide any discussions regarding decrease in pain or improved functional status when taking this medication. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. Given the above the request is not medically necessary.

Tramadol HCL 50mg #40: 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; 78.

Decision rationale: The patient presents with thoracic pain that radiates from the mid-back outwards towards the posterior right shoulder. The treating physician is requesting a refill of Tramadol HCl 50 mg #40. Page 78 of MTUS requires pain assessment that 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. Furthermore, the 4 A's for ongoing monitoring are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. Medical records indicate the patient has been taking Tramadol since 08/28/2013. The treating physician reports the patient will take Ultracet during the day and Percocet in the evenings. In this case, the treater's progress reports do not provide any functional improvement as required by MTUS for chronic opioid use. Given the above the request is not medically necessary.