

Case Number:	CM14-0075940		
Date Assigned:	07/16/2014	Date of Injury:	12/23/2006
Decision Date:	08/14/2014	UR Denial Date:	04/29/2014
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 & Rehabilitation 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 injured worker is a 49-year-old female who reported an injury on 10/23/2006. The mechanism of injury was not provided in the medical records. Her diagnoses include chronic pain syndrome, cervical postlaminectomy syndrome, and disc disease of the lumbar intervertebral disc without myelopathy. Her previous treatments included medication, surgery, brace, functional restoration program, and the [REDACTED] service interdisciplinary ([REDACTED]). Per the clinical note dated 12/05/2013, the injured worker reported she developed increased pain about 1 week ago in her bilateral legs. She reported the pain as sharp in character with pain full pin and needle sensations. The pain also occurred in her upper neck and lower lumbar region. She reported she had been doing her exercises regularly and is still taking the same medications. On physical examination, the physician reported she had a slow and guarded gait with transfers and ambulation. Her range of motion of her back was 40 degrees with flexion and 10 degrees with extension. The strength was 5/5 throughout her lower extremities due to pain; reflexes were 4 at the knees and 0/4 at the right ankle and 1/4 at the left ankle. The physician reported the sensation with light touch was intact throughout the lower extremities. The physician's treatment plan recommendation was for the patient to continue the blended pain cocktail, Cymbalta 10 mg, Ambien 10 mg, a trial of Lyrica 50 mg, and to continue using her Lidoderm patches 5%. Per a letter dated 05/08/2014 by [REDACTED], she reported the injured worker had been prescribed a blended cocktail to reduce the level of medication without the client knowing the dose of medication and changes in medication. The physician reported the injured worker had made steady progress to decrease her medications and had been converted to oral therapy and there are plans to continue to taper her medications for the use of pain control and preventing withdrawal symptoms. She reported the injured worker needed her medications to have a productive life and manage pain control. The current request is for Methadone 5mg #45 and

Zanaflex 4mg #90. The rationale for the request was to have a productive life and manage pain control. The request for authorization was not provided in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 5mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Opioids Page(s): 78, 81, 83, 90.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, the ongoing management of patients taking opioid medications should include routine office visits and detail documentation of the extent of pain relief, functional status, and regarding to activities of daily living, appropriate medication use and/or aberrant drug 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 opioids, how long it takes for the pain relief, and how long pain relief lasts. The documentation submitted for review indicated that the injured worker continued to have chronic pain; however, there were no pain scales provided to indicate the pain reduction with taking medications. The physician reported the injured worker required the medication to help with functional improvements and pain control. However, there was no indication that a pain assessment was completed, documentation of adverse side effects with use of the opioids, aberrant drug taking behavior, or a recent urine drug screen showing consistency results to verify appropriate medication use. Therefore, in absence of a pain assessment, functional status, adverse side effects, and a resent drug screen, the criteria for ongoing use of opioid medication has not been met. The request also failed to provide the frequency the medication was to be administered. As such, the request for Methadone 5mg #45 is not medically necessary and appropriate.

Zanaflex 4mg #90: Upheld

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

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

Decision rationale: According to the California MTUS Chronic Pain Guidelines, muscle relaxants for pain are recommended with caution as a second line option treatment for short-term treatment of acute exacerbation in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond Non-Steroid Anti-Inflammatory Drugs (NSAIDs) in pain and overall improvement. Tizanidine (Zanaflex) is an antispasticity/antispasmodic drug

and is approved for the management of spasticity and unlabeled use for low back pain. The clinical documentation provided indicated the patient had continued to have chronic pain since her injury in 2006. However, the documentation failed to provide a current pain assessment to indicate if the medication was effective for her pain control. There was no documentation that the injured worker had spasticity. Therefore, in absence of a pain assessment, functional status and no indication of spasticity the request would not be supported. The request also failed to provide the frequency the medication was to be administered. As such, the request for Zanaflex 4mg #90 is not medically necessary and appropriate.