

Case Number:	CM14-0175457		
Date Assigned:	10/28/2014	Date of Injury:	08/01/2011
Decision Date:	03/26/2015	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: TR, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 53 year old male, who sustained an industrial injury on August 1, 2011. The diagnoses have included cervical pain herniation, lumbar spondylolisthesis with herniated disc, elbow epicondylitis, right knee meniscus tear and plantar fasciitis, sleep disorder, depression and sexual dysfunction. A progress note dated September 19, 2014 provides the injured worker complains of persistent pain flair ups and stiffness of the neck and left knee rated 5-6/10. Physical exam notes tenderness of the cervical and trapezius area with muscle spasms and myofascial trigger points. On September 30, 2014 utilization review non-certified a request for Norco 10/325mg #100, Celebrex 200mg #60 with 3 refills, Zanaflex 4mg #100 with 3 refills and urine drug test. The Medical Treatment Utilization Schedule (MTUS) Chronic Pain and Official Disability Guidelines (ODG) were utilized in the determination. Application for independent medical review (IMR) is dated October 1, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The attending provider has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Norco usage. Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain treatment in this patient since the initial date of injury (August 1, 2011), consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly has concerns warranting close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. More detailed expectations should be outlined with the patient regarding the treatment plan and follow up as working to decrease opioid dependency is recommended. Consideration of other pain treatment modalities and adjuvants is also recommended. While a weaning protocol is likely in order, there needs to be specific evidence of a plan in place to successfully wean the patient, and without such a plan, the quantity of medications currently requested is not considered in the opinion of this reviewer to be medically necessary and appropriate. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit. All of the foregoing, taken together, does not make a compelling case for continuation of Norco. Therefore, the request is not medically necessary.

Celebrex 200mg #60 With 3 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatory Medications topic Page(s): 22, 67-70.

Decision rationale: The MTUS recommend NSAIDs as a treatment option for short-term symptomatic relief, but given the chronicity of pain in this worker, with lack of objective evidence to support functional and pain improvement on the medication, the quantity of medication requested cannot be deemed medically necessary, especially in light of failure to show reason for GI concerns warranting Celebrex over other NSAID options.

Zanaflex 4mg #100 With 3 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine/Zanaflex, section Functional Restoration Approach to Chronic Pain Management section.

Decision rationale: While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tizanidine or Zanaflex is FDA approved in the management of spasticity but can be employed off-label for low back pain, as is seemingly present here, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant is off of work, on total temporary disability. Ongoing usage of Zanaflex has failed to curtail the applicant's dependence on opioid agents such as Norco. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. However, in most cases, they seem no more effective than NSAIDs for treatment. There is also no additional benefit shown in combination with NSAIDs. With no objective evidence of pain and functional improvement on the medication, the quantity of medications currently requested cannot be considered medically necessary and appropriate.

Urine Drug Test: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing topic Page(s): 43. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Urine Drug Testing topic

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. As noted in ODG's Chronic Pain Chapter Urine Drug Testing topic, an attending provider should clearly state what drug tests and/or drug panels he is testing for along with the request for authorization for testing, attach the applicant's complete medication list to the request for testing, clearly state when the applicant was last tested, attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing testing, and eschew confirmatory testing outside of the Emergency Department Drug Overdose context. In this case, the attending provider's testing for multiple different opioid, benzodiazepine, and alcohol metabolites does not conform to the best practices of the United States Department of Transportation (DOT). Confirmatory and/or quantitative testings were performed outside of the Emergency Department Drug Overdose context. The attending provider did not clearly state when the applicant was last tested. Since several ODG criteria for pursuit of drug testing were not met. The MTUS Chronic Pain guidelines describe urine drug testing as an option to assess for

the use or presence of illegal drugs. Given this patient's history based on the provided documentation, the claimant was partially certified for a urine drug screen in July 2014 with confirmatory testing on inconsistent results (a one-time approval). There is no evidence as to whether or not this test was completed, and without documentation of concerns for abuse/misuse or aberrant behavior, further screening can not be substantiated at this time and is therefore not considered medically necessary.