

Case Number:	CM14-0181428		
Date Assigned:	11/06/2014	Date of Injury:	08/05/2012
Decision Date:	04/02/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/31/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 46 year old male, who sustained an industrial injury on 08/05/2012. He has reported subsequent back and lower extremity pain and was diagnosed with lumbar disc disorder with myelopathy and lumbar radiculitis. Treatment to date has included oral pain medication and an epidural steroid injection. The utilization review physician referenced a PR-2 note from 10/07/2014, however this note was not submitted for review at this level and the only medical documentation submitted is a PR-2 dated 10/28/2014. During this visit, the physician noted that the injured worker complained of continued 10/10 low back pain without medication. Medications were noted to be helpful with reducing pain. The physician noted that the injured worker had experienced constipation as a side effect of prescribed medication. Objective physical examination findings were notable for very guarded range of motion of the thoracic spine with tenderness to palpation of the T12 paraspinals on the right side, severe lumbar spinal pain with no range of motion and a loud audible pop from the back upon standing. Spasm, tenderness and a tight muscle band was noted on the right side of the paravertebral muscles with spinous process tenderness, positive lumbar facet loading and straight leg raising. The physician noted that a long term pain contract for Norco, Oxycontin, Mobic and Amitiza was signed. No medical documentation dated prior to the utilization review was submitted for review. On 10/17/2014, Utilization Review non-certified requests for Norco and Oxycontin, noting that there was no significant functional improvement documented, non-certified a request for Amitiza, noting that there is no indication that this medication was utilized for the past month, and non-

certified a request for Zanaflex, noting that chronic use of muscle relaxants is not recommended. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. 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 further specify for discontinuation of opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function (in terms of specific examples of functional improvement), but no discussion of aberrant behavior monitoring. This includes checking the CURES database or assessing with random urine drug testing and submitting those results. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.

Amitiza 24mg tab: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter, Opioid Induced Constipation Treatment, Uptodate Online, Amitiza Entry.

Decision rationale: Regarding the request for lubiprostone (Amitiza), California MTUS guidelines and ODG do not contain criteria for the use of this medication. Drugs.com indicates that Amitiza is indicated for the treatment of chronic idiopathic constipation in adults, opioid-induced constipation in adults with chronic non-cancer pain, and irritable bowel syndrome with constipation (IBS-C) in women older than 18. Within the documentation available for review, there is documentation of a diagnosis of chronic constipation analgesic induced. However, there is no documentation of failure of first line generic agents such as Miralax, Senna, or Colace. In the absence of such documentation, the currently requested lubiprostone (Amitiza) is not medically necessary.

Oxycontin 10mg tab: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

Decision rationale: With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did adequately document monitoring of the four domains. Pain relief and functional benefit was documented. In terms of side effects, there are none except constipation. There is a lack of monitoring for aberrant behaviors such as documentation of urine drug screen (UDS), or checking a CURES report to ensure the injured worker is only getting opioids from one clinic. Based on this documentation, the request is not medically necessary.

Zanaflex 4mg: Upheld

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

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

Decision rationale: Regarding the request for tizanidine (Zanaflex), Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that tizanidine specifically is FDA approved for management of spasticity; unlabeled use for low back pain. Guidelines recommend LFT monitoring at baseline, 1, 3, and 6 months. Within the documentation available for review, there is no identification appropriate liver function testing, as recommended by guidelines. In the absence of such documentation, the currently requested tizanidine (Zanaflex), is not medically necessary.