

Case Number:	CM14-0186105		
Date Assigned:	11/14/2014	Date of Injury:	09/20/2007
Decision Date:	01/23/2015	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/10/2014

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 Pain Management 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 49-year-old female with a date of injury of 09/20/2007. According to progress report 09/22/2014, the patient presents with ongoing back pain described as aching and constant. The patient rates her pain as 2/10 on a pain scale with medications, and without medications, pain goes up to 10/10. The patient is able to perform self-care and is able to drive. The patient has started walking 4 blocks at a time, and she has started to do her own laundry. Examination of the cervical spine revealed tenderness and decreased flexion, extension, rotation, and left lateral bending. There was tenderness at the lumbar spine and over the facet joints. Decreased flexion, extension, and lateral bending in the lumbar spine were noted. The listed diagnoses are: 1. Lumbago, low back pain. 2. Myofascial pain syndrome/fibromyalgia. A urine drug screen test was administered on 08/29/2014, results of the test was not discussed. Treatment plan is for patient to continue with medication as "she is showing great improvement and we will look to continue that." The patient is permanently disabled. Utilization review denied the request on 10/10/2014. Treatment reports from 05/06/2014 through 10/21/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizandine 4 mg #120 with 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 66.

Decision rationale: This patient presents with chronic upper and low back pain. The current request is for tizanidine 4 mg #120 with 1 refill. The MTUS Guidelines page 66 allow for the use of Zanaflex for low back pain, myofascial pain, and fibromyalgia. The patient has a diagnosis of fibromyalgia, and suffers from chronic neck and low back pain. The treater has noted the patient's pain level is decreased from 10/10 to average 2/10 with current medication regimen which includes Zanaflex. Given the patient's chronic pain, and the treater's documentation of medication efficacy, the request for Tizandine 4mg #120 with 1 refill is medically necessary.

Norco 10/325 #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88,89.

Decision rationale: This patient presents with chronic neck and upper back pain. The current request is for Norco 10/325 #240. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical file indicates the patient has been prescribed Norco since at least 05/06/2014. On 05/06/2014 the patient rated her pain as 3/10 with medication and 8/10 without medication. Report 06/03/2014 states that "meds help some and allow patient to do things around the house." Report 9/22/14, notes that the patient is able to perform self-care, and drive independently. The patient has started walking 4 blocks at a time, and is now doing her own laundry. It appears there is some efficacy of this medication as the patient reports a decrease in pain and mentions some functional improvement with current medication regimen. However, recommendation for further use of Norco cannot be supported as the treater has not provide any discussion regarding adverse side effects, and possible aberrant issues such as CURES, early refills/loss medications, etc. A UDS was performed on 8/29/14, but the results were not provided. MTUS requires not only documentation of analgesia and ADL's, but adverse side effects and aberrant behaviors must be addressed for continued opiate use. In this case the treating physician has failed to document the minimum requirements of documentation that are outlined in the MTUS for continued opioid usage. The request for Norco is not medically necessary.

Indorub 60 gm 20%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111,113.

Decision rationale: This patient presents with chronic neck and upper back pain. The current request is for Indorub 60 gm 20%. The MTUS page 111 has the following regarding topical NSAID and states that it has been shown in the meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. Indications for use are osteoarthritis and tendonitis (in particular, that of the knee and elbow) or other joints that are amenable to topical treatment. The patient has been utilizing this topical cream since 02/28/2008. It is recommended for acute and chronic pain conditions, particularly osteoarthritis affecting peripheral joints. In this case, the patient does not meet the indication for this medication as she suffers from neck and low back pain. The request for Indorub is not medically necessary.

Gabapentin/Ketoprofen/Lidocaine 6%/10% 60 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111,113.

Decision rationale: This patient presents with chronic neck and low back pain. The current request is for gabapentin/ketoprofen/lidocaine 6%/10% 60 gm. The MTUS Guidelines regarding topical analgesics states that it is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Under Ketoprofen, MTUS states, "This agent is not currently FDA approved for a topical application." In addition, Gabapentin is not recommendation in any topical formulation and lidocaine is only allowed in a patch form. The request for Gabapentin/Ketoprofen/Lidocaine 6%/10% 60 gm is not medically necessary.

Norflex 100 mg #60: 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): 63,64.

Decision rationale: This patient presents with chronic neck and low back pain. The current request is for Norflex 100 mg #60. Norflex is a muscle relaxant similar to Flexeril. The MTUS Guidelines page 63 do not recommend long-term use of muscle relaxants and recommend using it for 3 to 4 days for acute spasm in no more than 2 to 3 weeks. The medical records indicate

that the patient has been prescribed this medication since 02/28/2008. This medication is not intended for long-term use. The request for Norflex is not medically necessary.

OxyContin 60 mg ER #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88,89.

Decision rationale: This patient presents with chronic neck and low back pain. The current request is for OxyContin 60 mg ER #90. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical file indicates the patient has been prescribed OxyContin since at least 05/06/2014. On 05/06/2014 the patient rated her pain as 3/10 with medication and 8/10 without medication. Report 06/03/2014, states that "meds help some and allow patient to do things around the house." Report 9/22/14, states that the patient is able to perform self-care, and drive independently. The patient has started walking 4 blocks at a time, and is now doing her own laundry. It appears there is some efficacy of this medication as the patient reports a decrease in pain and mentions some functional improvement with current medication regimen. However, recommendation for further use of Oxycontin cannot be supported as the treater has not provide any discussion regarding adverse side effects, and possible aberrant issues are not discussed such as CURES, early refills/loss medications, etc. A UDS was performed on 8/29/14, but the results were not provided. MTUS requires not only documentation of analgesia and ADL's, but adverse side effects and aberrant behaviors must be addressed for continued opiate use. In this case the treating physician has failed to document the minimum requirements of documentation that are outlined in the MTUS for continued opioid usage. The request for OxyContin 60 mg ER #90 is not medically necessary.

Cataflam 50 mg #90: Overturned

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

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

Decision rationale: This patient presents with chronic neck and low back pain. The current request is for Cataflam 50 mg #90. Cataflam (diclofenac potassium) is a non-antiinflammatory drug (NSAID). The MTUS Guidelines page 22 supports the use of NSAID for chronic low back pain and is recommended as a first line of treatment. Review of the medical file indicates the

patient has been prescribed this medication since 02/28/2008. The treater has noted the patient's pain level is decreased from 10/10 to average 2/10 with current medication regimen which includes Cataflam. Given the patient's chronic pain, and the treater's documentation of medication efficacy, the request for Cataflam 50 mg #90 is medically necessary.