

Case Number:	CM14-0187989		
Date Assigned:	11/18/2014	Date of Injury:	09/05/2012
Decision Date:	01/06/2015	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	11/11/2014

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 Family Medicine 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:

This is a 47 year old male patient who sustained a work related injury on 09/05/2012. The current diagnosis includes status post lumbar surgeries and disc protrusion at L4-5. Per the doctor's note dated 11/17/14 patient had complaints of low back pain. The physical examination revealed no significant changes. Per the doctor's note dated 9/22/14 patient had complaints of low back pain with radiation to the bilateral lower extremities. The physical examination revealed low back pain with straight leg raising and extension and forward flexion. The current medications list includes norco, omeprazole, effexor and zanaflex. He has undergone lumbar fusion at L4-L5-S1 on 4/29/2014 and prior laminectomy/discectomy at L5-S1 in July 2013. He has had lumbar MRI dated 10/09/2013 which revealed posterior disk protrusion at L4-L5; lumbar MRI dated 7/20/14 which revealed post operative changes and suspicious of discitis at L5-S1. He has had physical therapy visits and epidural steroid injection for this injury. He had an antalgic gait. He uses a cane or a front wheeled walker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Norco 10/325 mg # 240, dispensed on 9/24/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-80. Decision based on Non-MTUS Citation
Official Disability Guidelines (ODG) Chapter: Pain (updated 11/21/14) Opioids, criteria for use

Decision rationale: This is a request for Norco, which is an opioid analgesic. It contains acetaminophen and hydrocodone. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided did not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics was not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided did not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control was not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these were not specified in the records provided. A recent urine drug screen report was not specified in the records provided. This patient did not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of retrospective request for Norco 10/325 mg # 240, dispensed on 9/24/14 was not established for this patient.

Retrospective request for Zanaflex 4 mg # 60, dispensed on 9/22/14: Overturned

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

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

Decision rationale: According to MTUS guidelines "Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. May also provide benefit as an adjunct treatment for fibromyalgia." The patient has chronic low back pain. Tizanidine is recommended for chronic myofascial pain. The retrospective request for Zanaflex 4 mg # 60, dispensed on 9/22/14 was medically appropriate and necessary for this patient to use as prn during acute exacerbations.

Retrospective request for Effexor 75 mg # 60, dispensed on 9/22/14: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine (Effexor) Page(s): 123.

Decision rationale: According to CA MTUS guidelines cited below Venlafaxine (Effexor) is "Recommended as an option in first-line treatment of neuropathic pain. Venlafaxine (Effexor) is a member of the selective-serotonin and norepinephrine reuptake inhibitor (SNRIs) class of antidepressants. It has FDA approval for treatment of depression and anxiety disorders." According to the doctor's note dated 9/22/2013, patient had complaints of low back pain with radiation to the bilateral lower extremities. The pt has had 2 lumbar surgeries and an epidural steroid injection. The physical examination revealed low back pain with straight leg raising and extension and forward flexion. The pt has chronic low back pain with a neuropathic component. He has significant abnormal objective findings. SNRIs like Effexor are a first line option for patients with neuropathic pain. The Effexor 75 mg # 60, dispensed on 9/22/14 was medically appropriate and necessary for this patient.

Retrospective request for Colace 100 mg # 100, dispensed on 9/22/14: Overturned

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 Official Disability Guidelines (ODG) Chapter: Pain (updated 11/21/14) Opioid-induced constipation treatment. Other Medical Treatment Guideline or Medical Evidence: Thompson Micromedex FDA labeled indication for Docusate sodium.

Decision rationale: Colace contains Docusate sodium. According to the Thompson Micromedex FDA labeled indication for Colace includes "constipation care." As per the records patient was taking opioid- norco which may cause constipation. The retrospective request for Colace 100 mg # 100, dispensed on 9/22/14 was medically appropriate and necessary for this patient to use for treatment of opioid induced constipation.