

Case Number:	CM14-0189480		
Date Assigned:	11/20/2014	Date of Injury:	06/09/2005
Decision Date:	01/08/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/13/2014

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 Occupational 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 case is a 51 year old female with a date of injury on 6/9/2005. A review of the medical records indicate that the patient has been undergoing treatment for low back pain s/p multiple surgeries and failed back surgery syndrome. Subjective complaints (6/30/2014, 9/19/2014, 10/2/2014, 10/23/2014, and 10/31/2014) include low back pain. Objective findings (6/30/2014, 9/19/2014, 10/2/2014, 10/23/2014, 10/31/2014) include tenderness to L3-5, 50% reduced range of motion, and normal sensory/motor/gait/reflexes examination. Treatment has included physical therapy, chiropractic therapy, H-wave therapy, massage therapy, lumbar fusion L4/5/S1, Cymbalta (since 6/2014), OxyContin (since 6/2014), and Tizanidine (since 6/2014). A utilization review dated 10/21/2014 denied the following: Oxycontin 40mg #60, Tizanidine 6mg #90, Cymbalta 60mg #60 And Norco 7.5/325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 40MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) and Pain, Opioids

Decision rationale: Oxycodone is the generic version of OxyContin, which is a pure opioid agonist. ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such the request Oxycontin 40mg #60 is not medically necessary.

TIZANIDINE 6MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Zanaflex Page(s): 63-67.

Decision rationale: Tizanidine is a muscle relaxant. MTUS states concerning muscle relaxants "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." MTUS further states, "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. 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." As described in MTUS, Tizanidine is used as a short-term second line treatment option for chronic low back pain. The patient has been on this medication since at least 6/2014, which is no longer considered short term. Based on the medical records provided, the treating physician did not document any improvement in function, improvement in pain, and improvement in muscle spasticity attributable to this medication. Given the lack of subjective or objective improvement, continuation is not advised. As such, the request for Tizanidine 6mg #90 is not medically necessary. As described in MTUS, tizanidine is used as a short-term second line treatment option for chronic low back pain. The patient has been on this medication since at least 6/2014, which is no longer considered short term. Based on the medical records provided the treating physician did not document any improvement in function, improvement in pain, and improvement in muscle spasticity attributable to this medication. Given the lack of subjective or objective improvement, continuation is not advised. As such, the request for TIZANIDINE 6MG #90 is not medically necessary.

CYMBALTA 60MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain interventions and Treatments Page(s): 15-16.

Decision rationale: MTUS state regarding antidepressants for pain, "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." The treating physician does not indicate failure of first-line agents and does not indicate how a first line agent is ineffective, poorly tolerated, or contraindicated. MTUS states regarding Cymbalta: "Selective serotonin and norepinephrine reuptake inhibitors (SNRIs): Duloxetine (Cymbalta): FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia and used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. More studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. Side effects: CNS: dizziness, fatigue, somnolence, drowsiness, anxiety (3% vs.2% for placebo), insomnia (8-13% vs. 6-7% for placebo). GI: nausea and vomiting (5-30%), weight loss (2%).....Trial period: Some relief may occur in first two weeks; full benefit may not occur until six weeks. Withdrawal effects can be severe. Abrupt discontinuation should be avoided and tapering is recommended before discontinuation." Medical records do not substantiate anxiety, depression, diabetic neuropathy, and/or fibromyalgia, which are the only FDA, indicated uses of Cymbalta. Antidepressants are indicated for chronic pain, but should begin with first line therapies. Medical documents did not indicate failure of first line therapies before progressing to Cymbalta. As such, the request for Cymbalta 60mg #60 is not medically necessary.

NORCO 7.5/325MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Shoulder, Pain, Opioids

Decision rationale: ODG does not recommend the use of opioids for low back "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to

treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the question for Norco 7.5/325mg #90 is not medically necessary.