

Case Number:	CM14-0189658		
Date Assigned:	11/20/2014	Date of Injury:	08/05/2002
Decision Date:	01/08/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/12/2014

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 Preventive Medicine, has a subspecialty 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 is a 67 year old patient with date of injury of 08/05/2002. Medical records indicate the patient is undergoing treatment for lumbago, lumbosacral neuritis, cervicgia, chronic intractable pain, constipation, depression, lumbar degenerative disc disease and radiculopathy, myofascial pain, morbid obesity and insomnia. Subjective complaints include low back pain, described as spasmodic, throbbing and electric that radiates down bilateral legs. Objective findings include antalgic gait and myofascial tenderness lumbosacral area. Treatment has consisted of physical therapy. Medications have included: Tizanidine, Dilaudid, Norco, Oxycontin, Lunesta, Cymbalta, Neurontin, Seroquel, Xanax, Aspirin, Atenolol, Lisinopril, Lactulose. The utilization review determination was rendered on 10/14/2014 recommending non-certification of Tizanidine 4mg #90 times five refills, Lactulose 10g/15ml x11 refills, Lunesta 3mg #30 times one refill and Norco 10mg/325mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #90 times five refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex).

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

Decision rationale: Zanaflex is the brand name version of tizanidine, which 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. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. 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. (Malanga, 2008) 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. (Malanga, 2002) May also provide benefit as an adjunct treatment for fibromyalgia. (ICSI, 2007)." Refills are not appropriate for Tizanidine due to the need for medical monitoring. In addition, Tizanidine is recommended for spasticity, usually a symptom of neurological disorders such as multiple sclerosis or stroke. The medical documentation provided does not detail a trial and failure of first line treatments or antispasmodics. As such, the request for Tizanidine 4mg #90 times five refills is not medically necessary.

Lactulose 10g/15ml x11 refills: 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 Opioid Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioid-induced constipation treatment Other Medical Treatment Guideline or Medical Evidence: UpToDate.com, laxatives

Decision rationale: Lactulose is a laxative. This patient is undergoing treatment with multiple opioid medications for a prolonged period. Opioids can commonly cause constipation and treatment to prevent constipation is recommended. ODG states that first line treatment should include "physical activity, appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber" and "some laxatives may help to stimulate gastric motility. Other over-the-counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool". Uptodate states "Patients who respond poorly to fiber, or who do not tolerate it, may require laxatives other than bulk forming agents." The treating physician did not document quantitative or qualitative description of bowel movement frequency/difficulty, document "constipation treatment education", which is important to understand if first line constipation treatment was successful or failed. As such, the request for Lactulose 10g/15ml x11 refills is not medically indicated at this time.

Lunesta 3mg #30 times one refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lunesta (Eszopiclone)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, insomnia, Mental Illness, Eszopiclone (Lunesta)

Decision rationale: MTUS is silent specifically regarding eszopiclone (Lunesta), therefore other guidelines were utilized. ODG states regarding Eszopiclone, "Not recommended for long-term use, but recommended for short-term use. See Insomnia treatment. See also the Pain Chapter. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase." For insomnia ODG recommends that "Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. (Lexi-Comp, 2008) Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning." Medical records do not indicate patient's sleep hygiene or the need for variance from the guidelines, such as "a) Wake at the same time everyday; (b) Maintain a consistent bedtime; (c) Exercise regularly (not within 2 to 4 hours of bedtime); (d) Perform relaxing activities before bedtime; (e) Keep your bedroom quiet and cool; (f) Do not watch the clock; (g) Avoid caffeine and nicotine for at least six hours before bed; (h) Only drink in moderation; & (i) Avoid napping." The treating physician has not provided documentation of the length of time this patient has been on Lunesta and guidelines only recommend short term use. Additionally, medical records do not indicate what components of insomnia has been addressed, treated with conservative measures, and the results of those conservative treatments. As such, the request for Lunesta 3mg #30 times one refill is not medically necessary.

Norco 10mg/325mg #180: 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), Opioids, Pain

Decision rationale: 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 fully 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. Additionally, medical documentation provided shows that this patient has been taking Dilaudid and Oxycontin as well as Norco, which guidelines recommend against. As such, the question for Norco 10mg/325mg #180 is not medically necessary.