

Case Number:	CM14-0191865		
Date Assigned:	11/25/2014	Date of Injury:	09/07/1993
Decision Date:	01/21/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/17/2014

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 Anesthesiology, has a subspecialty in Acupuncture & Pain 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 63 year old male injured worker with date of injury 9/7/93 with related low back pain. Per progress report dated 9/11/14, the injured worker reported increased pain in the low back that radiated to the posterior thigh and spasms. He also complains of left shoulder pain. Per physical exam, there was tenderness to palpation about the L3 through S1 levels. There were myofascial trigger points present. Sensation was decreased in the posterior thigh (L5). He had difficulty with heel-toe walk. The documentation submitted for review did not state whether physical therapy was utilized. Treatment to date has included medication management. The date of UR decision was 10/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, 180 count: 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): 78, 91.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines (CPMTG) p78 regarding on-going management of 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 nonadherent) drug related behaviors. These domains have been summarized as the '4 As' (Analgesia, activities of daily living, adverse side effects, and any 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."Review of the available medical records reveals documentation to support the medical necessity of norco. It was noted that without it, the injured worker had difficulty with ADLs (sleep, walking, cooking, and cleaning). However, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. The most recent UDS report was dated 10/21/13 and was not consistent with prescribed medications. It was positive for marijuana, as well as methoadone, codeine, and amitriptyline, which were not prescribed. As aberrant behavior has not been ruled out, this request is not medically necessary.

Duragesic patches 60 mcg, ten count: Upheld

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

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

Decision rationale: Per MTUS CPMTG with regard to Duragesic: "Not recommended as a first-line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin. It is manufactured by [REDACTED] and marketed by [REDACTED] (both subsidiaries of [REDACTED]). The FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means." MTUS p93 notes that Duragesic should only be used in patients who are currently on opioid therapy for which tolerance has developed. Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of 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 nonadherent) drug related behaviors. These domains have been summarized as the '4 As' (Analgesia, activities of daily living, adverse side effects, and any 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."Review of the available medical records reveals documentation to support the medical necessity of Duragesic. It was noted that the patch worked well with no complications and aided the injured worker in his ADL abilities. However, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. The most recent UDS report was dated 10/21/13 and was not consistent with prescribed medications. It was positive for marijuana, as well as methoadone, codeine, and amitriptyline, which were not prescribed. As aberrant behavior has not been ruled out, this request is not medically necessary.

Tizanidine 4 mg, 120 count: Upheld

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: Per MTUS CPMTG p66 "Tizanidine 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." Per progress report dated 9/11/14 it was noted that Tizanidine was not as effective as Flexeril, and that it had CNS side effects. As the requested medication is redundant to muscle relaxant therapy with Flexeril, is less effective, and has undesirable side effects, the request is not medically necessary.