

Case Number:	CM15-0101657		
Date Assigned:	06/04/2015	Date of Injury:	05/31/1987
Decision Date:	07/03/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/27/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New Jersey, New York
Certification(s)/Specialty: Family Practice

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 injured worker is a 59 year old female who sustained an industrial injury on 5/31/87. The mechanism of injury is unclear. She currently complains of bilateral knee and leg pain. She is experiencing increase in spasticity. Her pain level is 10/10 without medications and averages 5/10. She is able to tolerate 3/10. She has difficulty with sleep. Medications are MS Contin, Percocet, tizanidine, Celebrex, Docqlace, gabapentin, nortriptyline. Diagnoses include bilateral knee pain; pain in joint involving lower leg; osteoarthritis involving lower leg; left total knee replacement (12/20/12; right total knee replacement (5/20/13); lumbar fusion (2006); right shoulder rotator cuff (2008). Treatments to date include medications; physical therapy. Diagnostics include left knee x-ray (7/15/13); bilateral knee x-ray (4/22/13). In the progress note dated 5/4/15 the treating provider's plan of care included refills on Percocet; MS Contin; Docqlace; Celebrex; Tizanidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine HCL 4mg Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The request for Tizanidine is not medically necessary. Tizanidine is FDA approved for the management of spasticity, but used off-label to treat low back pain. It is also used for chronic myofascial pain. According to MTUS guidelines, muscle relaxants may be "effective in reducing pain and muscle tension and increasing mobility. However, in most lower back cases, they show no benefit beyond NSAIDs in pain and overall improvement." There is also no benefit to the combination of muscle relaxants and NSAIDs. Efficacy wanes over time and chronic use may result in dependence. The patient has been taking this since 4/2015 with improved pain but muscle relaxants should be used for exacerbations but not for chronic use. There was also no documentation of functional improvement. Therefore, the request is not medically necessary.

Doc-Q-lace: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) "Pain, Opioid-induced constipation treatment".

Decision rationale: The request is considered not medically necessary. ODG guidelines were used, as MTUS does not address opioid-induced constipation. Docusate is a stool softener. The patient has been on chronic opioid use, which led to opioid-induced constipation. The patient will not continue on chronic opioids at this point and will not require continued use of docusate. Therefore, the request is not medically necessary at this time.

MS Contin 15mg Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: There is not enough documentation to state MS Contin is medically necessary. There were no documented recent urine drug screens, drug contract, or long-term goals for treatment. It is not clear by the provided chart if an adequate trial of non-opioid medications was attempted. It was unclear at which dose the patient was started and if the lowest possible dose was prescribed to improve pain and function. Because there was no documented objective improvement in pain or functioning with the use of MS Contin, and long-term efficacy is limited, and there is high abuse potential, MS Contin is not medically necessary at this time.

Percocet 10/3265 mg Qty 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request is not medically necessary. The patient has been taking Percocet for bilateral knee and leg pain. The chart does not provide any recent quantifiable objective documentation of improvement in pain (e.g. decrease in pain scores) and function with the use of Percocet. There were no recent urine drug screens. The last was from 2/2015, which was consistent. There are no drug contracts included in the chart although mentioned by pain management progress note, or long-term goals for treatment. The 4 A's of ongoing monitoring were not adequately documented. The patient had constipation with medications. Therefore, the request is not medically necessary.

Celebrex 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex, NSAIDs Page(s): 30, 67.

Decision rationale: The request is considered not medically necessary. As per MTUS guidelines, NSAIDs are recommended for short-term symptomatic relief. MTUS guidelines state that NSAIDs may not be as effective as other analgesics. Chronic NSAID use can potentially have many side effects including hypertension, renal dysfunction, and GI bleeding although less so with Celebrex. There was no objective documentation of functional improvement. Therefore, the request is not medically necessary.