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| Case Number: | CM15-0105675 | | |
| Date Assigned: | 06/10/2015 | Date of Injury: | 10/19/2010 |
| Decision Date: | 07/14/2015 | UR Denial Date: | 05/18/2015 |
| Priority: | Standard | Application Received: | 06/02/2015 |

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 65 year old male, who sustained an industrial injury on 10/19/10. He has reported initial complaints of popping in his back with injury. The diagnoses have included lumbago, radiculitis, and lumbar disc displacement without myelopathy. Treatment to date has included medications, activity modifications, consultations, diagnostics, physical therapy, Transcutaneous electrical nerve stimulation (TENS), radiofrequency ablation, heat , injections, and home exercise program (HEP). Currently, as per the physician progress note dated 5/11/15, the injured worker complains of constant low back pain and is having a flare up of symptoms. He does not take medications when he drives so has not had medications since last night. He is using the transcutaneous electrical nerve stimulation (TENS) with benefit and states that the pads have worn out. The Transcutaneous electrical nerve stimulation (TENS) improves the spasms. The heating pad is also beneficial. The pain is rated 7/10 on pain scale and with the medications, the pain decreases to 5/10. It is noted that the back pain is ongoing without changes and he has had no relief with previous injections or radiofrequency ablation but the medications are beneficial with pain. The physical exam reveals that he is in moderate pain and has slow gait. The lumbar spine exam reveals restricted range of motion in all planes with spasm and tenderness noted on both sides. The current pain medications included Norco, Zanaflex, and Ultram. There is no previous urine drug screen report noted in the records. The physician requested treatments included Norco 10/325mg #120, Ultram ER 100mg, Tizanidine 2mg #15 and transcutaneous electrical nerve stimulation (TENS) pads monthly.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Overturned

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): 74-96 (78, 89, 95).

Decision rationale: Per the MTUS, opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances, Opioids should be continued if the patient has returned to work or has improved functioning and pain. Ongoing management actions should include prescriptions from a single practitioner, taken as directed and all prescriptions from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. Documentation should follow the 4 A's of analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Long-term users of opioids should be regularly reassessed. In the maintenance phase, the dose should not be lowered if it is working. Also, patients who receive opioid therapy may sometimes develop unexpected changes in their response to opioids, which includes development of abnormal pain, change in pain pattern, persistence of pain at higher levels than expected when this happens opioids can actually increase rather than decrease sensitivity to noxious stimuli. it is important to note that a decrease in opioid efficacy should not always be treated by increasing the dose or adding other opioids, but may actually require weaning. A review of the injured workers medical records reveal documentation of improvement in pain and function with the use of Norco as well as documentation of ongoing management actions as required by the MTUS, therefore the request for Norco 10/325mg #120 is medically necessary.

Ultram ER 100mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol (Ultram) Page(s): 74-96, 113.

Decision rationale: The MTUS states that Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Opioids are recommended for chronic pain, especially neuropathic pain that has not responded to first line recommendations like antidepressants and anticonvulsants. Long terms users should be reassessed per specific guideline recommendations and the dose should not be lowered if it is working. Per the MTUS, Tramadol is indicated for moderate to severe pain. A review of the injured workers medical records reveal documentation of improvement in pain and function with the use of Ultram as well as documentation of ongoing management actions as required by the MTUS, therefore the request for Ultram ER 100mg q12h # 60 is medically necessary.

Tizanidine 2mg #15: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity / antispasmodic drugs. Tizanidine Page(s): 66.

Decision rationale: Per the MTUS, Tizanidine is a centrally acting alpha2 adrenergic agonist that is FDA approved for management of spasticity: unlabeled use for back pain. One study which was conducted only in females demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and it is recommended as first line option to treat myofascial pain, it may also be beneficial as an adjunct in the treatment of fibromyalgia. A review of the injured worker's medical records reveals subjective and objective findings of muscle spasm. Therefore based on the guidelines and the injured workers clinical presentation the request for Tizanidine 2mg #15 is medically necessary.

TENS pads monthly: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-121.

Decision rationale: Per the MTUS, transcutaneous electrotherapy is "not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. The MTUS criteria for the use of TENS: Chronic intractable pain, documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. A review of the injured workers medical records reveal documentation of improvement in muscle spasms with the use of the TENS unit, unfortunately the request is not accompanied with a quantity and documentation that fulfills the guidelines criteria for continued use, without this information, the request is not medically necessary.