

Case Number:	CM15-0109707		
Date Assigned:	06/16/2015	Date of Injury:	09/13/1996
Decision Date:	07/21/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	06/08/2015

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55 year old male who sustained an industrial injury on 9/13/96. The injured worker was diagnosed as having lumbar degenerative joint disease and cervical degenerative joint disease. Currently, the injured worker was with complaints of pain in the neck and shoulders as well as right knee. Previous treatments included medication management. Physical examination was notable for lumbar spine with limited range of motion, cervical compression causes neck pain with radiation to the right shoulder blade area, right knee with crepitus on passive range in flexion to extension. The plan of care was for medication prescriptions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15 mg Qty 90: Upheld

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

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

Decision rationale: The patient has chronic neck and upper back pain, right knee and right shoulder pain. The current request is for Oxycodone 15mg QTY: 90. The treating physician states, "Refilled Oxycodone immediate release 15mg tabs tid pain, limit 3 per day. I (the patient) to resume the medication course per above, it keeps him functional. He is under a narcotic contract with our office. Urine drug screens have been appropriate." According to the MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and 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. In this case, while there is clear documentation of moderate to severe pain there is no documentation of the 4 A's. There is no documentation of any specific improvement in function or return to work. There are no before and after pain scales documented. There is also no documentation of adverse side effects or aberrant drug behaviors. The MTUS requires much more thorough documentation for continued opioid usage. The supporting documentation does not establish medical necessity for the request of Oxycodone.

Valium 10 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress - Benzodiazepine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The patient has chronic neck and upper back pain, right knee and right shoulder pain. The current request is for Valium 10mg QTY: 90. The MTUS guidelines state that Benzodiazepines are "not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks." The supporting documentation indicates the patient has been utilizing Valium dating back until at least 9/3/14. The available documentation does not establish medical necessity for the request of Valium. Therefore the request is not medically necessary.

Zanaflex 6 mg Qty 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex); Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain Page(s): 66.

Decision rationale: The patient has chronic neck and upper back pain, right knee and right shoulder pain. The current request is for Zanaflex 6mg QTY: 60. MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain, pg 66 antispasticity/antispasmodic drugs:

Tizanidine (Zanaflex, generic available) is a centrally acting alpha 2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use 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." Tizanidine is allowed for myofascial pain, low back pain and fibromyalgia conditions per MTUS. The patient has been utilizing Zanaflex since at least 9/3/14. Progress reports indicate the patient has a significant decrease in pain and increased function with using Zanaflex, and no side effects reported. Given the patient's continued pain and documentation of medication efficacy, the requested Zanaflex is medically necessary.