

Case Number:	CM15-0018667		
Date Assigned:	02/06/2015	Date of Injury:	03/27/2009
Decision Date:	04/01/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/02/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 56 year old female, who sustained an industrial injury on March 27, 2009. She has reported back pain, neck pain and right shoulder pain. The diagnoses have included status post lumbar 3-sacral 1 anterior lumbar interbody fusion with partial corpectomy of lumbar 4, lumbar kyphosis, scoliosis, right shoulder rotator cuff tear, lumbar moderate central and moderate bilateral foraminal stenosis with grade 1 anterolisthesis, lumbar 5-sacral 1 disc space collapse with pars defect with severe left foraminal narrowing, lumbar radiculopathy and lumbar severe disc degeneration with facet arthropathy. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention, conservative therapies, work modifications and pain medications. Currently, the IW complains of severe low back pain radiating into the buttocks, with pain in the left shin. The injured worker reported an industrial injury in 2009, resulting in severe, chronic pain as previously noted. Multiple conservative therapies were tried and failed. It was noted she had completed 27 physical therapy visits. On January 15, 2015, evaluation revealed continued severe pain. The physician recommended an updated radiographic image, a pain management consultation and a left sacroiliac joint block with arthrogram. Medications were updated and renewed. On January 23, 2015, Utilization Review non-certified a request for Oxycontin 60 mg #90, Oxycodone HCL 15mg #120, Xanax 0.5mg #90, Lyrica 100mg #90 and Zanaflex 4mg #60, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 2, 2015, the injured worker submitted an application for IMR for review of the above request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 60mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS (2009), Opioids Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to ODG, chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. When these drugs do not satisfactorily reduce pain, opioids for moderate to severe pain may be added. According to ODG and MTUS, Oxycontin (Oxycodone) is a long-acting opioid analgesic, and is in a class of drugs that has a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics that may be used to manage both acute and chronic pain. These medications are generally classified according to potency and duration of dosage. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional improvement from previous usage, or response to ongoing opioid analgesic therapy. Medical necessity of the requested item has not been established. Of note, discontinuation of an Oxycontin should include a taper, to avoid withdrawal symptoms. The certification of the requested medication is not recommended.

Oxycodone HCL 15mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS (2009), Opioids Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to ODG, chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. When these drugs do not satisfactorily reduce pain, opioids for moderate to severe pain may be added. According to ODG and MTUS, Oxycodone (Oxycontin) is a long-acting opioid analgesic, and is in a class of drugs that has a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics that may be used to manage both acute and chronic pain. These medications are generally classified according to

potency and duration of dosage. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. Medical necessity of the requested item has not been established. Of note, discontinuation of an Oxycodone should include a taper, to avoid withdrawal symptoms. The certification of the requested medication is not recommended.

Xanax 0.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS (2009), Benzodiazepines Page(s): 24.

Decision rationale: According to CA MTUS Guidelines, benzodiazepines are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. Xanax (Alprazolam) is a short-acting benzodiazepine, having anxiolytic, sedative, and hypnotic properties. Most guidelines limit use of this medication to four weeks. The documentation indicates the patient has depression and anxiety. The guidelines recommend that a more appropriate treatment for an anxiety and depression disorder would be an antidepressant. There is no documentation provided indicating that the patient is maintained on any antidepressant medication. The patient would benefit from a mental health evaluation to determine the appropriate medical therapy for her depression and anxiety conditions. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Zanaflex 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS (2009), Muscle relaxants Page(s): 63, 66.

Decision rationale: Zanaflex (Tizanidine) is a centrally acting alpha 2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. It is indicated for the treatment of chronic myofascial pain and considered an adjunct treatment for fibromyalgia. According to CA MTUS Guidelines (2009), muscle relaxants have not been considered any more effective than non-steroidal anti-inflammatory drugs (NSAIDs) for pain or overall improvement. There is also no additional benefit shown in combination with NSAIDs. In addition, sedation is the most commonly reported adverse effect of muscle relaxant medications. In this case, the patient did not have relief of spasms from this muscle relaxant. In addition, guidelines do not

recommend long-term use of this medication. Medical necessity for the requested medication has not been established. Zanaflex is not medically necessary.