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| Case Number: | CM15-0131596 | | |
| Date Assigned: | 07/17/2015 | Date of Injury: | 01/07/2003 |
| Decision Date: | 08/17/2015 | UR Denial Date: | 06/09/2015 |
| Priority: | Standard | Application Received: | 07/07/2015 |

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, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 35-year-old female who sustained an industrial injury on 1-7-03. Diagnoses are chronic pain syndrome, sciatica, postlaminectomy syndrome of lumbar region, depressive disorder, reflex sympathetic dystrophy of lower extremity and gastroesophageal reflux disease. In an office visit note dated 4-28-15, the treating physician notes she is permanent and stationary. The MRI shows impingement of the nerve roots. Pain is described as cramping in her legs, right is 10 out of 10, back pain and cramping of right calf muscle. She has constant nerve pain in the left lower extremity which medications temper but do not eliminate. Medications are Kadian, Oxycodone, Amrix, Doxepin, Gralise, Klonopin, Zanaflex, and Zantac. Previous treatment includes medications, spinal cord stimulator, epidural steroid injections, supportive shoes, transcutaneous electrical nerve stimulation, walking, stretching, psychological counseling, surgery, physical therapy, and a functional restoration program evaluation. The requested treatment is 1 prescription of Oxycodone 20mg and 1 prescription of Zanaflex #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Oxycodone 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Oxycodone as well as other short acting opioids are indicated for intermittent or breakthrough pain (page 75). It can be used in acute post operative pain. It is not recommended for chronic pain of long-term use as prescribed in this case. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4A's for Ongoing Monitoring: 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 non-adherent) drug-related behaviors. These domains have been summarized as the "4A'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. There is no clear documentation for the need for continuous use of Oxycodone. There is no documentation for functional improvement with previous use of Oxycodone. There is no documentation of compliance of the patient with his medications. There is no documentation of breakthrough pain and the use of multiple opioids is not justified. Based on the above, the prescription of 1 prescription of Oxycodone 20mg is not medically necessary.

1 prescription of Zanaflex #60: Upheld

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

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

Decision rationale: According to MTUS guidelines, non-sedating muscle relaxants are recommended with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case developed continuous pain does not have clear exacerbation of back pain and spasm and the prolonged use of Zanaflex is not justified. Furthermore, there is no clear evidence of chronic myofascial pain and spasm. Therefore, the request for Prospective request for 1 prescription of Zanaflex #60 is not medically necessary.