

Case Number:	CM15-0160983		
Date Assigned:	08/27/2015	Date of Injury:	09/21/2000
Decision Date:	09/30/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/17/2015

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

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:

This 45-year-old female sustained an industrial injury to the lower extremity on 9-21-00. The injured worker was receiving ongoing treatment for centralized complex regional pain syndrome type I. Recent treatment consisted of medication management. Documentation did not disclose recent magnetic resonance imaging. In a progress note dated 4-7-15, the injured worker continued to identify multi-body part pain with burning, deep aching and numbness. The treatment plan included continuing medications (Neurontin, Tizanidine and Zolof). In a progress note dated 7-15-15, the injured worker complained of ongoing pain to multi-body parts with burning, aching and numbness. The injured worker continued to exercise on regular basis and was leading a support group for complex regional pain syndrome. Physical exam was remarkable for normal gait and posture with pain behaviors within the expected context of disease. The physician stated with a serous complex chronic pain condition that had not resolved. The injured worker had made incredible progress over the last several years, progressing from being wheelchair bound and on heavy doses of opioids to now being independent of opioids, driving and living independently. The physician stated that the injured worker's medications had been tailored to a noncertified-narcotic platform that was sustainable for the injured worker. Current diagnoses included chronic regional pain syndrome. The treatment plan included prescriptions for Neurontin, Oxycodone, Tizanidine and Zolof.

IMR ISSUES, DECISIONS AND RATIONALES

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

16 Tablets of Oxycodone 5mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medication for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: Based on the 07/15/15 progress report provided by treating physician, the patient presents with foot joint pain, depressive disorder and anxiety. The request is for 16 TABLETS OF OXYCODONE 5MG. Patient's diagnosis per Request for Authorization form dated 07/17/15 includes reflex sympathetic dystrophy of lower extremity. Physical examination revealed muscles aches and weakness, arthralgias/joint pain, back pain and swelling in the extremities. Treatments to date include MRI testing, physical therapy, home exercise program and medications. Patient's medications include Oxycodone, Zolof, Tizanidine and Neurontin. Patient's work status not provided. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Treater has not provided reason for the request. Medical records provided do not indicate prior prescription of Oxycodone. Per 07/15/15 report, treater states the patient "has a centralized disease that involves multiple body parts. The patient has made incredible progress over the last several years. She has gone from wheelchair bound on heavy doses of opioids now to being independent of opioids, driving and living independently." It appears this medication is being initiated. Since this medication is being initiated, the treater does not appear to have had the opportunity to document its efficacy. MTUS supports weaning of opiates, and using the least amount. Therefore, the request IS medically necessary.

60 Tablets of Tizanidine 2mg with 5 refills: Upheld

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

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

Decision rationale: Based on the 07/15/15 progress report provided by treating physician, the patient presents with foot joint pain, depressive disorder and anxiety. The request is for 60 TABLETS OF TIZANIDINE 2MG WITH 5 REFILLS. Patient's diagnosis per Request for Authorization form dated 07/17/15 includes reflex sympathetic dystrophy of lower extremity. Physical examination revealed muscles aches and weakness, arthralgias/joint pain, back pain and swelling in the extremities. Treatments to date include MRI testing, physical therapy, home exercise program and medications. Patient's medications include Oxycodone, Zolof, Tizanidine and Neurontin. Patient's work status not provided. MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain, pg 66:" ANTISPASTICITY/ANTISPASMODIC DRUGS: Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-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." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Tizanidine (Zanaflex) is included in patient's medications, per progress reports dated 10/06/14, 04/06/15, and 07/15/15. It is not known when this medication was initiated. Tizanidine is allowed for myofascial pain, low back pain and fibromyalgia conditions per MTUS. Per 07/15/15 report, treater states the patient "has a centralized disease that involves multiple body parts. The patient has made incredible progress over the last several years. She has gone from wheelchair bound on heavy doses of opioids now to being independent of opioids; driving and living independently... she uses Zanaflex on a PRN basis, not daily. She uses sparingly in evenings for persistent spasms in back and overall muscle pain and finds effective to continue at her level of function." Given treater's discussion of benefit from this medication, the request for Tizanidine would appear to be indicated. However, the treater does not document why the patient requires such a high dose, how it is being used on daily basis and with what specific effect. The request for 5 refills is excessive. MTUS requires a record of pain and function when medications are used for chronic pain and physician monitoring. Therefore, the request IS NOT medically necessary.

90 Tablets of zoloft 100mg with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15.

Decision rationale: Based on the 07/15/15 progress report provided by treating physician, the patient presents with foot joint pain, depressive disorder and anxiety. The request is for 90 TABLETS OF ZOLOFT 100MG WITH 5 REFILLS. Patient's diagnosis per Request for Authorization form dated 07/17/15 includes reflex sympathetic dystrophy of lower extremity. Physical examination revealed muscles aches and weakness, arthralgias/joint pain, back pain and swelling in the extremities. Treatments to date include MRI testing, physical therapy, home exercise program and medications. Patient's medications include Oxycodone, Zoloft, Tizanidine and Neurontin. Patient's work status not provided. MTUS, page 13 to 15 Antidepressants Section states, "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered first-line agents unless they are ineffective, poorly tolerated, or contraindicated. Assessments of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration and psychological assessment." Zoloft is included in patient's medications, per progress reports dated 10/06/14, 04/06/15, and 07/15/15. It is not known when this medication was initiated. MTUS guidelines support the use of antidepressants as first-line treatment for neuropathic and non-neuropathic pain. Per 07/15/15 report, treater states the patient "has a centralized disease that involves multiple body parts. The patient has made incredible progress over the last several years. She has gone from wheelchair bound on heavy doses of opioids now to being independent of opioids, driving and living independently... she relies on Zoloft at her current do to manage stable mood that is crucial for her ability to self-care. Psychologic treatment is part of her CRPS treatment plan guidelines and change in this would represent a step backwards." Given treater's discussion of benefit from this medication, the request for Zoloft would appear to be indicated. However, the treater does not document why the patient requires such a high dose, how it is being used on daily basis and with

what specific effect. The request for 5 refills is excessive. MTUS requires a record of pain and function when medications are used for chronic pain and physician monitoring. Therefore, the request IS NOT medically necessary.