

Case Number:	CM15-0162134		
Date Assigned:	08/28/2015	Date of Injury:	09/08/1999
Decision Date:	10/19/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/18/2015

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: Internal 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 70 year old female, who sustained an industrial injury on September 8, 1999 while working as a waitress. The mechanism of injury was a slip and fall while performing her usual and customary duties. The injured worker has been treated for low back and bilateral leg pain. The diagnoses have included long-term use of medications, lumbar disc displacement without myelopathy, lumbar failed post-laminectomy syndrome, chronic pain, lumbago, lumbar disc degeneration and sciatica. Comorbid diagnoses include a history of hypertension, diabetes and congestive heart failure. Treatment and evaluation to date has included medications, radiological studies, MRI, epidural steroid injections, physical therapy, acupuncture treatments, home exercise program, intrathecal pump implantation, pump replacement and refills and multiple back surgeries. The injured worker was noted to be permanent and stationary with permanent disability. Current documentation dated July 28, 2015 notes that the injured worker reported severe lumbar spine pain and constipation. The injured worker was noted to have an intrathecal pump which provided her with Hydromorphone, Bupivacaine and Clonidine for the pain. The injured worker was also taking Norco four a day as needed for breakthrough pain. The injured worker was noted to have been diagnosed with stage IV renal insufficiency and requested taking a pain medication without Tylenol. The injured workers pump was interrogated and required a refill. The procedure was performed and tolerated well. Examination of the lumbar spine revealed spasm and guarding. A straight leg raise test was positive on the right. Sensation of the lower extremities was intact bilaterally. The injured workers gait was antalgic. The

treating physician's plan of care included requests for Zanaflex 4 mg #90, Dilaudid 2 mg #120 and one pump refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Zanaflex 4mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that non-sedating muscle relaxants are recommended with caution as a second-line option for short term treatment of acute exacerbations in patients with chronic low back pain. "Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAID's) in pain relief and overall improvement. Also there is no additional benefit shown in combination with NSAID's. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence." Tizanidine is a centrally acting alpha2-andrenergic agonist that is FDA approved for management of spasticity and unlabeled for use in low back pain. In this case, the injured worker had severe chronic low back pain. The injured worker has been prescribed Zanaflex since March of 2012. The injured worker continues to report ongoing muscle spasm of the back. There is lack of documentation of specific improvement in spasticity as a result of Tizanidine. The MTUS guidelines recommend muscle relaxants for short-term use and notes that their efficacy appears to diminish over time. There is lack of documentation of an acute exacerbation in the chronic low back pain. Therefore, the request for Zanaflex is not medically necessary.

1 prescription of Dilaudid 2mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids for chronic pain.

Decision rationale: In regards to Dilaudid the MTUS Chronic Pain Medical Treatment Guidelines discourages long-term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status and appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by

the injured worker's decreased pain level, increased level of function or improved quality of life." The MTUS Guidelines indicate that "functional improvement" is evidenced by a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment. In this case, the injured worker was noted to have severe chronic low back pain. The injured worker is also getting Dilaudid from intrathecal pump for pain management. In this case, there is no compelling evidence presented by the treating provider that indicates this injured worker, had any significant improvements from use of this medication, and also review of Medical Records do not indicate that in this injured worker, previous use of this medication has been effective in maintaining any measurable objective evidence of functional benefits. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested treatment: 1 prescription of Dilaudid 2mg #120 is not medically necessary and appropriate.

1 Pump Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Intrathecal drug delivery systems, medications.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend an implantable drug-delivery system (IDDSs) only as an end-stage treatment alternative for selected patients for specific conditions, after failure of at least 6 months of less invasive methods and following a successful temporary trial. IDDSs may be appropriated in selected cases of chronic, severe low back pain or failed back syndrome. In this case, the injured worker was noted to have intractable un-limiting low back pain and had failed multiple back surgeries. In this case, there is no compelling evidence presented by the treating provider that indicates this injured worker, had any significant improvements from use of this pump, and also review of Medical Records do not indicate that in this injured worker, previous use of this treatment modality has been effective in maintaining any measurable objective evidence of functional benefits. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested treatment: 1 Pump Refill is not medically necessary and appropriate.