

Case Number:	CM15-0183573		
Date Assigned:	09/24/2015	Date of Injury:	04/29/2002
Decision Date:	11/06/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/18/2015

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: 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:

The injured worker is a 55 year old female who sustained an industrial injury on 4-29-2002. A review of medical records indicates the injured worker is being treated for degeneration of lumbar or lumbosacral intervertebral disc, lumbosacral spondylosis without myelopathy, myalgia and myositis unspecified and other and unspecified disc disorder of the lumbar region. Medical records dated 8-25-2015 noted pain to the neck and low back. Pain was rated an 8 out 10. Medical records dated 7-28-2015 noted pain an 8 out 10. She is not working currently. Physical examination noted 8-25-2015 noted cervical range of motion was 75% of expected. There was tenderness to the trapezius muscle and paravertebral. Lumbar range of motion was 75% of expected. There were tender trigger points in the low lumbar areas bilaterally. There was tenderness over the lower facet joints. Treatment has included chiropractic care, physical therapy, injections, and medications (Oxycodone, zanaflex since at least 3-31-2015, and trazodone since 8-25-2015). RFA dated 8-25-2015 requested oxycodone, Zanaflex, and Trazodone. Utilization review form dated 9-8-2015 noncertified Oxycodone 5mg #90, Zanaflex 4mg #90, and Trazodone 50mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 5mg #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): Opioids, criteria for use, Medications for chronic pain, Opioids for chronic pain.

Decision rationale: Based on the 8/25/15 progress report provided by the treating physician, this patient presents with neck pain and upper/lower back pain rated 8/10 currently, and rated 5/10 at best and 10/10 at worst. The treater has asked for Oxycodone 5mg #90 on 8/25/15. The request for authorization was not included in provided reports. The patient is s/p trigger point injection which provided 50% decrease in back muscle pain and spasm that lasts 4-6 weeks and which helped patient perform activities of daily living per 8/25/15 report. The patient's current medications include Oxycodone, Zanaflex, and Zolpidem which help control her upper/lower back pain per 8/25/15 report. The patient has had chiropractic therapy which helped, and also physical therapy with a home exercise component which worsened her pain per 8/25/15 report. The patient's work status is permanent and stationary, and other than a several-month-long stint of working light duty in 2002, has not worked since original injury. MTUS, Criteria for use of Opioids Section, 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, Criteria for use of Opioids Section, 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, Criteria for use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, Opioids for chronic pain Section, pages 80 and 81 states that "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." The treater does not discuss this request in the reports provided. Patient has been taking Oxycodone since 3/31/15 and in reports dated 6/15/15, 7/28/15, and 8/25/15. The patient's current oral medications, which include Oxycodone is stated to decrease patient's pain in upper/lower back per requesting 8/25/15 report. MTUS requires appropriate discussion of all the 4A's; however, in addressing the 4A's, the treater does not discuss how this medication significantly improves patient's activities of daily living. No validated instrument is used to show analgesia. There is no UDS, no CURES and no opioid contract provided. Given the lack of documentation as required by MTUS, the request does not meet the specifications given by the guidelines. Furthermore, MTUS pg. 80 states that there is no evidence that radiculopathy should be treated with opiates, and also that the efficacy of opiate use for chronic low back pain beyond 16 weeks is not clear and appears to be limited. Therefore, the request is not medically necessary.

Zanaflex 4mg #90 with 2 refills: 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): Medications for chronic pain, Muscle relaxants (for pain).

Decision rationale: Based on the 8/25/15 progress report provided by the treating physician, this patient presents with neck pain and upper/lower back pain rated 8/10 currently, and rated 5/10 at best and 10/10 at worst. The treater has asked for Zanaflex 4mg #90 with 2 refills on 8/25/15. The request for authorization was not included in provided reports. The patient is s/p trigger point injection which provided 50% decrease in back muscle pain and spasm that lasted 4-6 weeks and which helped patient perform activities of daily living per 8/25/15 report. The patient's current medications include Oxycodone, Zanaflex, and Zolpidem which help control her upper/lower back pain per 8/25/15 report. The patient has had chiropractic therapy which helped, and also physical therapy with a home exercise component which worsened her pain per 8/25/15 report. The patient's work status is permanent and stationary, and other than a several-month-long stint of working light duty in 2002, has not worked since original injury. MTUS Guidelines, Muscle Relaxants for pain section, page 66 states: "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, Medications for Chronic Pain, pg. 60 states: "Recommended as indicated below. Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity". The treater does not discuss this request in the reports provided. The patient is prescribed Zanaflex since at least 3/31/15 and in reports dated 6/15/15, 7/28/15, and 8/25/15. In this case, the patient presents with myofascial pain and spasms for which Zanaflex is indicated per MTUS. However, the treater does not document or discuss how pain is reduced and function is improved by the patient as required by MTUS. Therefore, the request is not medically necessary.

Trazodone 50mg #30 with 3 refills: Overturned

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): Antidepressants for chronic pain, Medications for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, under Insomnia.

Decision rationale: Based on the 8/25/15 progress report provided by the treating physician, this patient presents with neck pain and upper/lower back pain rated 8/10 currently, and rated 5/10 at best and 10/10 at worst. The treater has asked for Trazodone 50mg #30 with 3 refills on 8/25/15.

The request for authorization was not included in provided reports. The patient is s/p trigger point injection which provided 50% decrease in back muscle pain and spasm that lasted 4-6 weeks and which helped patient perform activities of daily living per 8/25/15 report. The patient's current medications include Oxycodone, Zanaflex, and Zolpidem which help control her upper/lower back pain per 8/25/15 report. The patient has had chiropractic therapy which helped, and also physical therapy with a home exercise component which worsened her pain per 8/25/15 report. The patient's work status is permanent and stationary, and other than a several-month-long stint of working light duty in 2002, has not worked since original injury. MTUS Guidelines, Antidepressants for chronic pain section, pages 13-15 state: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur". MTUS, Medications for Chronic Pain, pg. 60, 61 states: Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) ODG-TWC, Pain Chapter, under Insomnia has the following: Sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. The treater states in requesting 8/25/15 report that "I will continue weaning from these medications by reducing Oxycodone 5mg to 3 tablets daily and changing Zolpidem to Trazodone 50mg, 1 nightly as needed/sudden cessation of Zolpidem worsens insomnia; I will try to help her sleep by using Trazodone". The patient does not have a prior history of using Trazodone. Regarding medications for chronic pain, MTUS pg. 60 require a recording of pain and function. In this case, a trial of the requested Trazodone appears reasonable and within MTUS guidelines. The request is medically necessary.