

Case Number:	CM15-0187733		
Date Assigned:	09/29/2015	Date of Injury:	09/06/1999
Decision Date:	12/31/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/24/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 male with an industrial injury dated 09-06-1999. A review of the medical records indicates that the injured worker is undergoing treatment for lumbago, thoracic lumbosacral neuritis and radiculitis unspecified, post laminectomy syndrome of lumbar region, intervertebral lumbar disc with myelopathy, generation of lumbar lumbosacral intervertebral disc. According to the progress note dated 07-20-2015, the injured worker chief complaint includes low back pain. The injured worker also complains of daily headaches treated with Fioricet. Since the previous visit, the injured worker reported the same low back intensity, with numbness, tingling and weakness and pain involving the right leg, with no changes in distribution. The injured worker reports sustained benefit from caudal epidural steroid injection (ESI) on 10-27-2014. Pain level was 4 out of 10 with medications and 10 out of 10 without medications on a visual analog scale (VAS). Current medications include Oxycontin (since at least March of 2015), Dilaudid (since at least March of 2015), Flector, Fioricet (since at least March of 2015), Zanaflex (since at least March of 2015), Benazepril, and Cymbalta. The injured worker reported that the medications are keeping him functional, allowing for increased mobility, and tolerance of adl and home exercises. Objective findings (06-19-2015, 07-20-2015) revealed tenderness to palpitation of bilateral occipitals, tenderness to palpitation at C2-3, tenderness to palpitation at L5-S1, tenderness to palpitation of paraspinals greater on the right, abnormal squatting, sciatic notch tenderness, positive left straight leg raises, abnormal heel walking, and decreased sensation (left L5, left S1, right L4, right L5 and right S1). Treatment has included diagnostic studies, prescribed medications, and periodic follow up visits. The

utilization review dated 08-26-2015, modified the request for Zanaflex 6mg 4 times a day #60 refills 0 (original: #120 with 3 refills), Fioricet 50-325-40mg every 6 hours #60 refills 0 (original: #120 with 3 refills), Dilaudid 4mg every 8-12 hours #45 refills 0 (original: #90) and Oxycontin 30mg 2 times a day #30 refills 0 (original: #60).

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 6mg 4 times a day #120 with 3 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): Muscle relaxants (for pain).

Decision rationale: The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. However, in most cases, they seem no more effective than NSAIDs for treatment. There is also no additional benefit shown in combination with NSAIDs. With no objective evidence of pain and functional improvement on the medication and a request for continued and chronic treatment, the request is not medically necessary and appropriate.

Fioricet 50-325-40mg every 6 hours #120 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Barbiturate-containing analgesic agents.

Decision rationale: The MTUS does not recommend barbiturate-containing analgesics for chronic pain. The potential for drug dependence is high and there is no evidence to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache. Therefore, based on the guidelines and lack of evidence to support use of Fioricet in chronic pain, the decision to modify the request per utilization review in order to facilitate weaning is reasonable, and the request to continue treatment is not medically necessary.

Dilaudid 4mg every 8-12 hours #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, Opioids for chronic pain, Opioids, long-term assessment, Opioids, specific drug list, Opioids, steps to avoid misuse/addiction.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably modified the requests for dilaudid and oxycontin to facilitate appropriate weaning. Given the lack of clear evidence to support functional improvement on the medications and the chronic risk of continued treatment, the requests for opioids are not medically necessary.

Oxycontin 30mg 2 times a day #60: 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, Opioids for chronic pain, Opioids, long-term assessment, Opioids, specific drug list.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably modified the requests for dilaudid and oxycontin to facilitate appropriate weaning. Given the lack of clear evidence to support functional improvement on the medications and the chronic risk of continued treatment, the requests for opioids are not medically necessary.