

Case Number:	CM15-0194890		
Date Assigned:	10/08/2015	Date of Injury:	09/26/2000
Decision Date:	11/19/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/05/2015

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: Texas, Florida, California

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 59 year old female, who sustained an industrial injury on 09-26-2000. She has reported subsequent neck, back and bilateral upper extremity pain and was diagnosed with chronic pain, cervical strain and sprain, fibromyalgia, depression, complex regional pain syndrome of the bilateral upper extremities and status post bilateral carpal tunnel release. Treatment to date has included pain medication and surgery, which were noted to have failed to significantly relieve the pain. Documentation shows that Tizanidine and Codeine-APAP were prescribed at least as far back as 2012 and that Cymbalta (Duloxetine) was prescribed since 05-22-2014 for neuropathic pain and depression. In progress notes dated 07-09-2015, 08-06-2015 and 09-03-2015, the injured worker reported neck pain radiating down the bilateral lower extremities, low back pain radiating down the lower extremities and upper extremity pain in the fingers, hands and wrists. Pain was rated as 4-6 out of 10 with medications and 7-9 out of 10 without medications. Pain was reported as unchanged from the last visit in the 08-06-2015 and 09-03-2015 progress notes. The injured worker reported gastroesophageal reflux disease (GEERD) related, medication associated gastrointestinal upset, nausea and constipation. Objective examination findings on 07-09-2015, 08-06-2015 and 09-03-2015 revealed tenderness to palpation of the bilateral paravertebral C4-C6 area and the spinal vertebral area at the L4-S1 levels and bilateral upper extremities, decreased range of motion of the cervical spine due to pain, decreased sensation to touch in the bilateral upper extremities with decreased strength in the extensor muscles bilaterally, hypersensitivity in the bilateral upper extremities with allodynia and temperature changes and decreased grip strength bilaterally. The injured

worker was noted to be off work. There was no documentation of objective functional improvement with the use of medications. The most recent progress notes show that that injured worker continued to rate pain as interfering significantly with activities of daily living (interference level was rated as 9 out of 10 with 10 being unable to carry on any activities). The physician noted that the injured worker had tried and failed Codeine in the past due to gastrointestinal upset and nausea. A request for authorization of Tizanidine 2 mg BID #60, Duloxetine DR 30 mg BID #60 and APAP-Codeine Phosphate 300-60 mg BID #60 was submitted. As per the 09-24-2015 utilization review, the aforementioned requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 2mg BID #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): Muscle relaxants (for pain).

Decision rationale: Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 63-66 of 127. This claimant was injured now 15 years ago; her medicines have been tried since at least 2012. Regarding muscle relaxants like Zanaflex, 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 LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) In this case, there is no evidence of it being used short term or acute exacerbation. There is no evidence of muscle spasm on examination. The records attest it is being used long term, which is not supported in MTUS. Further, it is not clear it is being used second line; there is no documentation of what first line medicines had been tried and failed. Further, the MTUS notes that in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The request was not medically necessary.

Duloxetine DR 30mg BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, under Antidepressants.

Decision rationale: This claimant was injured now 15 years ago; her medicines have been tried since at least 2012. The current California web-based MTUS collection was reviewed in

addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding antidepressants to treat a major depressive disorder, the ODG notes: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. In this case, it is not clear what objective benefit has been achieved out of the antidepressant usage, how the activities of daily living have improved, and what other benefits have been. It is not clear if this claimant has a major depressive disorder as defined in DSM-IV. If used for pain, it is not clear what objective, functional benefit has been achieved. The request is not medically necessary and appropriately non-certified.

APAP-Codeine Phosphate 300-60mg BID #60: Upheld

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

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

Decision rationale: Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 . Page 79, 80 and 88 of 127. This claimant was injured now 15 years ago; her medicines have been tried since at least 2012. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.