

Case Number:	CM15-0196443		
Date Assigned:	10/12/2015	Date of Injury:	03/14/2001
Decision Date:	11/23/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/06/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 62 year old male, who sustained an industrial injury on 3-14-2001. He has reported injury to the right foot and low back. The diagnoses have included lumbosacral neuritis. Treatment to date has included medications, diagnostics, TENS (transcutaneous electrical nerve stimulation) unit, and surgical intervention. Medications have included oxycodone, baclofen, Zanaflex, and Wellbutrin SR. A progress note from the treating physician, dated 09-24-2015, documented a follow-up visit with the injured worker. The injured worker reported pain in the foot; the pain is rated at 8 out of 10 in intensity without medications, and 1-2 out of 10 in intensity with medications; he is sleeping 5 hours per night; he is able to perform tasks on his own; he needs assistance with his shoes and socks; and he does exercises 3-4 times a day and has increase in general movement. Objective findings were referred to previous progress notes. It is documented in the progress note, dated 08-27-2015, that the injured worker benefits from Zanaflex when his pain and spasm are flaring. Objective findings from a progress note, dated 02-12-2015, include the injured worker to have right foot erythema along the surgical scar line; after the shoe is off, the erythema is lessened to slight, but a visible swelling developed that extended to the fifth metatarsal; surgery was two years ago. The treatment plan has included the request for Zanaflex 4mg, #60, and oxycodone 30mg, #150. The original Utilization Review, dated 10-01-2015, non-certified the request for Zanaflex 4mg, #60 and modified the request for oxycodone 30mg, #200, to oxycodone 30mg, #150.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg, #60: 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): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Muscle relaxants (for pain).

Decision rationale: Per the CA MTUS, muscle relaxants for pain, such as Zanaflex (tizanidine), are recommended with caution only as a second-line option for short-term treatment of acute exacerbations in injured workers with chronic low back pain (LBP). Most cases of LBP showed no benefit of muscle relaxants beyond the typical non-steroidal anti-inflammatory drugs available. Additionally, tizanidine is an alpha2-adrenergic agonist that is FDA approved for management of spasticity, but has unlabeled use for low back pain. Recent treating provider notes through 09-24-2015, state that the injured worker had been stable on his medications, with pain rated at 1-2/10 versus 8/10 on the visual analog scale without medications. However, the primary issue is that Zanaflex is for short-term treatment of acute back symptoms, but he has been on the medication long-term. Therefore, the request for Zanaflex 4mg, #60, is not medically necessary and appropriate based on the current guidelines and medical history.

Oxycodone 30mg, #200: Overturned

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): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, specific drug list.

Decision rationale: The cited CA MTUS recommends short acting opioids, such as oxycodone, for the control of chronic pain, and may be used for neuropathic pain that has not responded to first-line medications (antidepressants, anticonvulsants). Opioids are recommended as the standards of care for moderate to severe nociceptive pain, but are not recommended as first-line therapy for osteoarthritis. The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The treating provider's notes through 09-24-2015, document pain with and without medication on the visual analog scale, no significant adverse effects, pain contract on file, urine drug testing, CURES report, subjective functional improvement, increased activities of daily living, and first-line medication (Wellbutrin SR). In the case of this injured worker, he should continue follow-ups routinely, with appropriate documentation of the 4 As, and begin weaning of opioids as soon as indicated by the treatment guidelines. Therefore, based on the available medical records and cited MTUS guidelines, the request for oxycodone 30mg, #200, is medically necessary and appropriate.