

Case Number:	CM15-0199762		
Date Assigned:	10/15/2015	Date of Injury:	03/04/2002
Decision Date:	12/16/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/12/2015

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: Anesthesiology

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 54 year old male, who sustained an industrial injury on 03-04-2002. A review of the medical records indicates that the worker is undergoing treatment for status post C4-C5, C5-C6 and C6-C7 disc replacement, cervical dystonia, status post revision of C4-C7, narcotic dependency, depressive disorder, medication-induced constipation, medication-induced hypogonadism and borderline diabetes. Subjective complaints (06-15-2015 and 07-27-2015) include improvement of dystonia following Botox injections with some intermittent left sided neck pain and right sided radiating pain with intermittent numbness and tingling into the right hand noted on 06-15-2015. The injured worker was noted to have completely discontinued Percocet, using only one pill a week for severe pain or flare-ups. The 07-27-2015 progress note indicates that the injured worker had increased his work hours from three to four days a week to four to five days per week. Objective findings (06-15-2015) include mild pain to palpation of the posterior cervical musculature and objective findings (07-27-2015) include limited range of motion of the neck with pain and minimal tenderness to palpation in the posterior cervical musculature on exam. Subjective complaints (08-31-2015) include recurrence of dystonia with right laterocollis. Objective findings (08-31-2015) include right laterocollis and restricted cervical spine range of motion. Treatment has included Oxycontin, Oxycodone (since at least 10-2014), Percocet (since at least 05-04-2015), Lyrica (since at least 10-2014), Tizanidine (since at least 10-2014), Ultram (since at least 05-04-2015) and Botox injections. The physician noted during the 08-31-2015 office visit, that Percocet had been weaned and discontinued. There was no documentation in the recent progress notes that documents the level of effectiveness of

Lyrica, Tizanidine and Ultram at relieving pain. Pain ratings were not provided and the duration of pain relief from these medications was not documented. A utilization review dated 09-22-2015 non-certified a request for 1 prescription for Percocet 10-325 mg #30 between 8-31-2015 and 11-16-2015, modified a request for 1 prescription for Lyrica 50 mg #90 with 3 refills to certification of 1 prescription for Lyrica 50 mg #45 with 0 refills between 8-31-2015 and 1-15-2016, modified a request for 1 prescription for Tizanidine 4 mg #30 with 3 refills to certification of 1 prescription of Tizanidine 4 mg #30 with 0 refills between 8-31-2015 and 1-15-2016 and modified a request for 1 prescription for Ultram 50 mg #60 with 3 refills to certification of 1 prescription for Ultram 50 mg #60 with 0 refills between 8-31-2015 and 1-15-2016.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg quantity 30: 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 for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the CA MTUS and the ODG, Percocet (Oxycodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. There is no documentation of symptomatic benefit, improved pain level, functional improvement, or ability to return to work with previous opioid treatment. Medical necessity of the requested medication has not been established. The requested medication is not medically necessary.

Lyrica 50mg quantity 90 with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Pregabalin (Lyrica).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Pregabalin (Lyrica).

Decision rationale: According to California MTUS Guidelines, anti-epilepsy drugs (AEDs) are a first-line treatment for neuropathic pain. Lyrica (pregabalin) is FDA approved for diabetic neuropathy and post-herpetic neuralgia and has been used effectively for the treatment of other neuropathic pain. The guidelines indicate a good to moderate response to the use of Lyrica is a 30-50% reduction in pain. This patient has been taking Lyrica, in addition to narcotic analgesics with no significant improvement documented. Without evidence of objective functional improvement, the guidelines recommend changing to a different first-line agent (TCA, SNRI or AED). Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Tizanidine 4mg quantity 30 with three refills: 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): Muscle relaxants (for pain).

Decision rationale: Tizanidine (Zanaflex) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. It is indicated for the treatment of chronic myofascial pain and considered an adjunct treatment for fibromyalgia. According to CA MTUS Guidelines, muscle relaxants have not been considered any more effective than non-steroidal anti-inflammatory drugs (NSAIDs) for pain or overall improvement. There is no additional benefit shown in combination with NSAIDs. In addition, sedation is the most commonly reported adverse effect of muscle relaxant medications. The guideline criteria do not support the long-term (>2 wks) use of muscle relaxants. Medical necessity for the requested medication has not been established. The requested medication, Tizanidine, is not medically necessary.

Ultram 50mg quantity 60 with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the California MTUS, Tramadol (Ultram) is a synthetic opioid, which affects the central nervous system and is indicated for the treatment of moderate to severe pain. Per CA MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends

urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no documentation of significant pain relief or increased functional benefit from the opioids used to date. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic requires a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.