

Case Number:	CM15-0205449		
Date Assigned:	10/22/2015	Date of Injury:	02/01/2009
Decision Date:	12/29/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/19/2015

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: Arizona, Michigan

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:

This 53 year old male sustained an industrial injury on 5-1-09. Documentation indicated that the injured worker was receiving treatment for carpal tunnel syndrome, cervical spine degenerative disc disease and depression. Previous treatment included physical therapy, acupuncture and medications. In a PR-2 dated 3-2-15, the injured worker rated his pain 6 out of 10 on the visual analog scale. Physical exam was remarkable for cervical spine range of motion: flexion 40 degrees, extension 20 degrees, right rotation 50 degrees, left rotation 45 degrees and right lateral flexion 30 degrees. The treatment plan included continuing medications (Oxycodone, Fioricet, Diazepam and Tizanidine). In PR-2's dated 3-30-15, 4-27-15, 5-28-15 and 7-31-15, the injured worker's pain ranged from 3 to 8 out of 10. In a PR-2 dated 9-3-15, the injured worker complained of constant pain, rated 5 out of 10 on the visual analog scale associated with daily headaches and constant left upper arm burning. The injured worker could sit for 30 minutes and walk for 20 minutes. Physical exam was remarkable for cervical range of motion: flexion, extension, bilateral rotation and left rotation 30 degrees and right lateral bend 35 degrees. The injured worker was awaiting approval for additional acupuncture. The physician noted that the injured worker required transportation to and from appointments due to medications. The treatment plan included continuing medications (Oxycodone, Fioricet, Diazepam and Tizanidine). On 9-24-15, Utilization Review noncertified a request for Diazepam 10mg #60, Oxycodone 10mg #150, Fioricet #105 and Tizanidine 4mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The MTUS does not recommend long term use of benzodiazepines , long term efficacy is unproven and there is a risk of dependence, most guidelines limit use to 4 weeks. Tolerance to all of its effects develop within weeks to months, and long term use may actually increase anxiety, a more appropriate treatment for anxiety disorder is an antidepressant. Chronic benzodiazepines are the treatment of choice in very few conditions. Unfortunately a review of the injured workers medical records do not reveal a clear rationale for the use of this medication, continued use is not appropriate therefore the request for Diazepam 10mg #60 is not medically necessary.

Tizanidine 4 mg #60: Upheld

Claims Administrator 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).

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 LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, 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. (Homik, 2004) Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen. This medication is not recommended for long term use and there are no extenuating circumstances or documentation of pain or functional improvement that warrant continued use in the injured worker, therefore the request for Tizanidine is not medically necessary.

Oxycodone 10 mg #150: 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, criteria for use.

Decision rationale: Per the MTUS, opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances, Opioids should be continued if the patient has returned to work or has improved functioning and pain. Ongoing management actions should include prescriptions from a single practitioner, taken as directed and all prescriptions from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. Documentation should follow the 4 A's of analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Long term users of opioids should be regularly reassessed. In the maintenance phase the dose should not be lowered if it is working. Also, patients who receive opioid therapy may sometimes develop unexpected changes in their response to opioids, which includes development of abnormal pain, change in pain pattern, persistence of pain at higher levels than expected when this happens opioids can actually increase rather than decrease sensitivity to noxious stimuli. It is important to note that a decrease in opioid efficacy should not always be treated by increasing the dose or adding other opioids, but may actually require weaning. A review of the injured workers medical records do not show documentation of improvement in pain and function as well as ongoing management actions as required by the guidelines, without this information medical necessity is not established, therefore the request for Oxycodone 10 mg #150 is not medically necessary.

Fioricet #105: 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): Barbiturate-containing analgesic agents.

Decision rationale: Per the MTUS barbiturates containing analgesic agents are "not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. (McLean, 2000) There is a risk of medication overuse as well as rebound headache." Unfortunately a review of the injured workers medical records do not reveal extenuating circumstances that would warrant deviating from the guidelines therefore the request for Fioricet #105 is not medically necessary.