

Case Number:	CM15-0205717		
Date Assigned:	10/22/2015	Date of Injury:	11/10/1999
Decision Date:	12/10/2015	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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51 year old female who sustained an industrial injury on 11-10-1999. According to a progress report dated 09-17-2015, the injured worker was seen in follow up for neck pain. She continued to remain stable with a combination of exercise and pain medications with Buprenorphine. She wanted to taper her Buprenorphine dose. There was no mention of muscle spasms in the 09-17-2015 progress report. Physical examination included lungs, cardiovascular system, neurological exam, psychological exam and pain behaviors. Physical examination of the cervical spine or musculoskeletal system was not documented in this report. Diagnoses included degeneration of cervical intervertebral disc and cervicgia. The treatment plan included Docusate Sodium 250 mg quantity 90 with 4 refills, Buprenorphine HCL 2 mg quantity 240 with 5 refills and Tizanidine 4 mg quantity 90 with 4 refills. Work status was noted as disabled. The provider noted that medications allowed the injured worker to be independent with activities of daily living and home exercise program. Refills were given to cover a 6 month period. An authorization request dated 09-18-2015 was submitted for review. The requested services included for Docusate Sodium 250 mg quantity 90 with 4 refills, Buprenorphine HCL 2 mg quantity 240 with 5 refills and Tizanidine 4 mg quantity 90 with 4 refills. Urine toxicology reports were not submitted for review. Documentation shows that Buprenorphine and Docusate Sodium was prescribed in April 2015 with refills to cover a 5 month period. Tizanidine had been previously prescribed in January 2015. On 09-24-2015, Utilization review modified the request for Docusate Sodium 250 mg quantity 90 with 4 refills and Buprenorphine HCL 2 mg quantity 240 with 5 refills and non-certified the request for Tizanidine 4 mg quantity 90 with 4 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Docusate Sodium 250 mg Qty 90 with 4 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Opioids induced constipation treatment; URL [www.drugs.com].

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

Decision rationale: The patient presents with neck pain and spasms. The current request is for Docusate Sodium 250 mg, quantity 90 with 4 refills. The treating physician request on 9/17/15 (33B) docusate Sodium 250 mg capsule - take 2 to 3 capsules by mouth daily as needed for constipation. MTUS guidelines discuss prophylactic medication for constipation when opiates are used. In this case, medical records indicate this patient has been taking opiates on a long-term basis. The current request is medically necessary.

Tizanidine 4 mg Qty 90 with 4 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: The patient presents with neck pain and spasms. The current request is for Tizanidine 4 mg, quantity 90 with 4 refills. Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. The treating physician request on 9/17/15 (33B) Tizanidine 4 mg capsule - take 1 capsule(s) 3 times a day. The 4/7/15 (11C) report notes the patient reports a 60% decrease in spasms with medication use. MTUS guidelines recommend non-sedating muscle relaxant with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic lower back pain. However, in most cases they show no benefit beyond NSAID in pain and overall improvement. MTUS guidelines further note that Zanaflex is allowed for the use for low back pain, myofascial pain and fibromyalgia. In this case, there is no clear documentation of how long the patient has medicated with Tizanidine however usage is noted retrospectively to 11/18/14 (15C). Review of the clinical records provided does not document pain reduction or functional improvement with this medication as required in the MTUS guidelines on page 60. The current request is not medically necessary.

Buprenorphine HCL 2 mg Qty 240 with 5 refills: Overturned

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

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

Decision rationale: The patient presents with neck pain and spasms. The current request is for Buprenorphine HCL 2 mg, quantity 240 with 5 refills. The treating physician request on 9/17/15 (33B) refill buprenorphine 2 mg for pain management and patient would like to wean off medication. MTUS guidelines for Buprenorphine state, "Recommended for treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction." For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician clearly documents the patient's analgesia and ADLs, as well as her lack of aberrant behaviors while on his current medication regimen and the patient's desire to wean off of opioids. The only noted side effect is constipation. The current request is medically necessary.