

Case Number:	CM15-0207800		
Date Assigned:	10/26/2015	Date of Injury:	08/08/2001
Decision Date:	12/23/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/22/2015

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 59 year old male, who sustained an industrial injury on 8-8-2001. The medical records indicate that the injured worker is undergoing treatment for post lumbar laminectomy syndrome (3-25-2014) and osteoarthritis of the left hip. According to the progress report dated 9-25-2015, the injured worker presented with complaints of sharp, gripping pain in the left lumbar region, associated with numbness, tingling, and weakness of the extremities. He notes decreased effectiveness of current pain medication. He complains of increasing episodes of breakthrough pain and decreased control over pain levels on current dosages. On a subjective pain scale, he rates his pain 3 out of 10 with medications and 6 out of 10 without. The physical examination of the lumbar spine reveals tenderness to palpation and decreased range of motion. The current medications are Norco (since at least 5-7-2015) and Tizanidine (since at least 6-5-2015). Previous diagnostic studies include MRI of the lumbar spine. The MRI from 8-7-2015 reveals moderate multilevel lumbar spondylosis, worst at L4-L5 and L5-S1 where broad based disc osteophyte complexes and facer hypertrophy produce bilateral moderate to severe foraminal narrowing. Treatments to date include medication management, rest, ice, heat, physical therapy, and surgical intervention. Work status is described as "not able to maintain his job functions due to pain". The original utilization review (10-14-2015) partially approved a request for Norco 10-325mg #72 (original request was for Norco 10-325mg) and Tizanidine HCL 4mg #36 (original request was for Tizanidine HCL 4mg). The request for Hysingla ER 20mg and 3 left transforaminal injections at L5-S1 with IV sedation was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hysingla ER 20mg T24A: Upheld

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

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 ODG and MTUS, Hysingla ER (Hydrocodone bitartrate extended-release) is a long-acting opioid analgesic. Opioid drugs are available in various dosage forms and strengths. These medications are generally classified according to potency and duration of dosage. 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. 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 function from the opioids used to date. In addition, it is unclear why 2 narcotic analgesics are being requested. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Norco 10/325mg: Upheld

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

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 ODG, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately 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. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. In this case, there is no documentation of significant pain relief or increased functional benefit from the opioids used

to date. In addition, it is unclear why 2 narcotic analgesics are being requested. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Tizanidine HCL 4mg: 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: Zanaflex (Tizanidine) 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. In this case, the patient has reported lumbar spasm on physical exam but the guideline criteria do not support the long-term use of muscle relaxants. In addition, there is no documentation of a maintained increase in function or decrease in pain with this medication. Medical necessity for the requested medication has not been established. The requested Zanaflex is not medically necessary.

Three (3) left transforaminal injections at L5-S1 with IV (intravenous) sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ESIs.

Decision rationale: A selective nerve root block, or transforaminal epidural steroid injection (TFESI), is a variation of the traditional midline ESI; the spinal nerve roots exit the spine laterally. Based on a patient's medical history, a physical exam, and MRI findings, often a specific inflamed nerve root can be identified. According to the CA MTUS guidelines, criteria for ESI's include the following: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing; initially unresponsive to conservative treatment; and no more than two nerve root levels should be injected using transforaminal blocks. Repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. In this case, the patient has undergone L4-L5, L5-S1 laminectomies, and L2-L3, L3-L4 foraminotomies. Medical necessity for the requested transforaminal ESI's has not been established. The requested injections are not medically necessary. Given that the TESI's are not medically necessary, there is no indication for anesthesia/IV sedation to be provided. Medical necessity for the requested anesthesia service is not medically necessary. The requested service is not medically necessary.