

Case Number:	CM15-0022331		
Date Assigned:	02/11/2015	Date of Injury:	10/05/2000
Decision Date:	04/10/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/05/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 62-year-old female sustained an industrial injury on 10/5/00, with subsequent ongoing back, neck and left shoulder pain. In a PR-2 dated 1/15/15, the injured worker complained of pain throughout her entire body with tingling and sharp pain in bilateral feet, headache, nausea and hot and cold flashes. The injured worker rated her pain 8/10 on the visual analog scale with medications. The injured worker reported that activity was very difficult for her due to pain. The injured worker required a cane for ambulation. Current diagnoses included cervical and lumbar herniated disc, cervical and lumbar radiculitis, chronic pain related sexual dysfunction, depressive anxiety, insomnia and lumbar facet syndrome. The physician noted that the urine drug screen from 9/18/14 was negative for all medications. The treatment plan included a urine drug screen, refilling medications (Sentra, Dilaudid, Zanaflex, AMitryptiline, Colace, Lasix, Parcuro and Gabapentin) and requesting a walker with a seat, a spine surgery consult for the cervical spine and lumbar spine and a lumbar spine epidural steroid injection with epidurogram. On 1/28/15, Utilization Review noncertified a request for Urine Drug screen, Sentra AM QTY: 60.00 (duration of 2-months), Dilaudid 4mg QTY: 30.00 (duration of 2-months) and Zanaflex 4mg QTY: 120.00 (duration of 2-months) citing CA MTUS Chronic Pain Medical Treatment Guidelines and ODG Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use and Opioids, Steps to Avoid Misuse/Addiction Page(s): 76-80, page(s) 94-95.

Decision rationale: The MTUS Guidelines encourage the use of urinary drug screen testing before starting a trial of opioid medication and as a part of the on-going management of those using controlled medications who have issues with abuse, addiction, or poor pain control. The Guidelines support the use of random urinary drug screens as one of several important steps to avoid misuse of these medications and/or addiction. The submitted and reviewed records indicated the worker was experiencing total body pain, nausea, numbness and tingling in both feet, and hot and cold flashes. Treatment recommendations included the use of two restricted medications, including an opioid. While the submitted and reviewed documentation did not include an individualized risk assessment as encouraged by the Guidelines, attentive restricted medication monitoring for addiction and diversion is supported by the Guidelines. In light of this supportive evidence, the current request for urinary drug screen testing is medically necessary.

Sentra AM QTY: 60.00 (duration of 2-months): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sentra-AM product information. Accessed 04/07/2015. <http://www.marvistahealthcenter.com/medicalfoods/SentraAMProductMonograph.pdf>.

Decision rationale: The MTUS Guidelines are silent on this issue. Sentra-AM is a medicinal food. The MTUS Guidelines require that the use of treatments be scientific and evidence-based. The submitted and reviewed documentation indicated the worker was experiencing total body pain, nausea, numbness and tingling in both feet, and hot and cold flashes. A review of the literature revealed no vigorous, peer-reviewed studies demonstrating a clear scientific benefit for using Sentra-AM in the treatment of the worker's active issues. Further, there was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for sixty tablets (a two-month supply) of Sentra-AM is not medically necessary.

Dilaudid 4mg QTY: 30.00 (duration of 2-months): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, page 124.

Decision rationale: Dilaudid (hydromorphone) is a medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted and reviewed documentation indicated the worker was experiencing total body pain, nausea, numbness and tingling in both feet, and hot and cold flashes. The documented pain assessments were minimal and included few of the elements encouraged by the Guidelines. There was no indication the worker had improved pain intensity or function with this specific medication, a detailed individualized risk assessment was not provided, and there was no documented exploration of potential negative effects. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for thirty tablets (a two-month supply) of Dilaudid (hydromorphone) 4mg is not medically necessary.

Zanaflex 4mg QTY: 120.00 (duration of 2-months): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Weaning of Medications Page(s): 24, 124.

Decision rationale: Zanaflex (tizanidine) is a medication in the antispasmodic class of muscle relaxants. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted and reviewed documentation concluded the worker was experiencing total body pain, nausea, numbness and tingling in both feet, and hot and cold flashes. There was no suggestion the worker was having new flare of on-going lower back pain or a discussion detailing special circumstances that sufficiently supported its continued use long-term. In the absence of such evidence, the current request for 120 tablets (a two-month

supply) of Zanaflex (tizanidine) 4mg is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.