

Case Number:	CM15-0211872		
Date Assigned:	10/30/2015	Date of Injury:	01/31/2003
Decision Date:	12/14/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/27/2015

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: Texas, Florida, California
 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 is a 50 year old female with a date of injury on 1-31-03. A review of the medical records indicates that the injured worker is undergoing treatment for lower back pain. Progress report dated 9-1-15 reports as follow up for medication programming. She reports noticing pain in her right gluteal and inguinal area with some radiation into the thigh for the past 3 weeks. She uses Norco and fentanyl patch and reports over 30 percent relief in pain and allows her to complete her daily work activities. The pain is located in the right hip, bilateral legs and bilateral feet and is described as aching, sharp, frequent and is rated 7 out of 10. She attributes her pain relief of over 30 percent to medication and treatments. Objective findings: tenderness over the right SI joint. Treatments include: medication, physical therapy acupuncture, TENS, injections, spinal cord stimulator and discectomy in 2005. Request for authorization dated 9-4-15 was made for Fentanyl patches 75 mcg-hr quantity 15, Norco 10-325 mg quantity 170, Tizanidine Hydrochloride 4 mg quantity 90 with 3 refills. Utilization review dated 10-14-15 modified the request to certify Fentanyl patches 75 mcg-hr quantity 10, Norco 10-325 mg quantity 30 and Tizanidine Hydrochloride was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patches 75mcg/hr #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Topical Analgesics.

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

Decision rationale: This claimant was injured now 12 years ago, and is on Norco and the Fentanyl patch. There is subjective relief of 30% with the medicines, but no documentation of objective functional improvements. In regards to Opiates, Long term use like Fentanyl patches, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for long-term opiate usage is not medically necessary per MTUS guideline review.

Norco 10/325mg #170: Upheld

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

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

Decision rationale: As shared previously, this claimant was injured now 12 years ago, and is on Norco and Fentanyl patch. There is subjective relief of 30%, but no documentation of objective functional improvements on the regimen. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids (a) If the patient has returned to work, (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.

Tizanidine Hydrochloride 4mg #90 with 3 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: As previously shared, this claimant was injured now 12 years ago, and is on Norco and Fentanyl patch. There is subjective relief of 30%, but no documentation of objective functional improvements on the regimen. No acute injury muscle spasm is noted. Regarding muscle relaxants like Zanaflex, 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. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008). In this case, there is no evidence of it being used short term or acute exacerbation. There is no evidence of muscle spasm on examination. The records attest it is being used long term, which is not supported in MTUS. Further, it is not clear it is being used second line; there is no documentation of what first line medicines had been tried and failed. Further, the MTUS notes that 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. The request is not medically necessary.