

Case Number:	CM15-0224512		
Date Assigned:	11/20/2015	Date of Injury:	08/10/2000
Decision Date:	12/30/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	11/16/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 was a 51 year old female, who sustained an industrial injury on August 10, 2000. The injured worker was undergoing treatment for right cervical facet mediated pain and cervical fusion. According to progress note of October 15, 2015, the injured worker's chief complaint was neck pain which radiated into the arms, hands and questionable fingers. The injured worker had a Left cervical radiofrequency ablation on August 4, 2015 which reduced the pain to 3 out of 10 with improved range of motion. The examination noted the injured worker to be alert and oriented time 3 with clear speech. The injured worker was able to rotate the cervical spine from side to side. The injured worker previously received the following treatments since February 19, 2015, Percocet 10-325mg since February 19, 2015 and Tizanidine 4mg since February 19, 2015 and Voltaren gel 1%. The RFA (request for authorization) dated the following treatments were requested prescriptions for Oxycontin 30mg one tablet 3 times daily #180, Percocet 10-325mg 1-2 tablets every 4-6 ours as needed # 420 and Tizanidine 4mg #120. The UR (utilization review board) denied certification on October 22, 2015; for prescriptions for Oxycontin 30mg one tablet 3 times daily #180, Percocet 10-325mg 1-2 tablets every 4-6 ours as needed # 420 and Tizanidine 4mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30mg Qty: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, dosing, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain / Opioids criteria for use.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, opioids (criteria for use & specific drug list): A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The patient should have at least one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The 4 A's for Ongoing Monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. Opioids may be continued if the patient has returned to work and the patient has improved function/pain. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. The ODG Pain / Opioids for chronic pain states "According to a major NIH systematic review, there is insufficient evidence to support the effectiveness of long-term opioid therapy for improving chronic pain, but emerging data support a dose-dependent risk for serious harms." ODG criteria (Pain / Opioids criteria for use) for continuing use of opioids include: "(a) If the patient has returned to work (b) If the patient has improved functioning and pain." Based upon the records reviewed there is insufficient evidence to support the medical necessity of chronic narcotic use. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance, return to work, or increase in activity from the exam note of 10/15/15. Therefore the prescription is not medically necessary and the determination is for non-certification.

Percocet 10/325mg Qty: 210.00: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, dosing, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain / Opioids criteria for use.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, opioids (criteria for use & specific drug list): A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The patient should have at least one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The 4 A's for Ongoing Monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. Opioids may be continued if the patient has returned to work and the patient has improved function/pain. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. The ODG Pain / Opioids for chronic pain states: According to a major NIH systematic review, there is insufficient evidence to support the effectiveness of long-term opioid therapy for improving chronic pain, but emerging data support a dose-dependent risk for serious harms. ODG criteria (Pain / Opioids criteria for use) for continuing use of opioids include: "(a) If the patient has returned to work (b) If the patient has improved functioning and pain." Based upon the records reviewed there is insufficient evidence to support the medical necessity of chronic narcotic use. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance, return to work, or increase in activity from the exam note of 10/15/15. Therefore the prescription is not medically necessary and the determination is for non-certification.

Tizanidine 4mg Qty: 60.00: 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): Muscle relaxants (for pain).

Decision rationale: According to CA MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants page 66, Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. (Malanga, 2008) Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. It may also provide benefit as an adjunct treatment for fibromyalgia. According to a recent review in American Family Physician, skeletal muscle relaxants are the most widely prescribed drug class for musculoskeletal conditions (18.5% of prescriptions), and the most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. In this case the patient does not have a diagnosis of spasticity, myofascial pain or fibromyalgia based on the review of medical records from 10/15/15. Per CA MTUS guidelines there is no indication for the prolonged use of a muscle relaxant. Thus the prescription is not medically necessary and the recommendation is for non-certification.