

Case Number:	CM15-0030241		
Date Assigned:	02/24/2015	Date of Injury:	09/28/2010
Decision Date:	04/09/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/19/2015

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

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 59 year old male who sustained an industrial injury on 09/28/2010. Diagnoses include L4-L5 degenerative disc bulge with bilateral L5 chronic radicular pain, and status post April 2012 spinal cord stimulator implant. Treatment to date has included medications, and a home exercise program. A physician progress note dated 12/15/2014 documents the injured worker complains of low back pain. His pain is unchanged and is rated 5-7 out of 10 without opiates and 3-4 out of 10 with the opiates. There is mild scoliosis present. Lumbar flexion at 70 degrees caused back pain. Extension 30 degrees are pain-free. There was full strength in the iliopsoas, quadriceps, tibialis anterior, toe flexors, and toe extensions. Bilateral patellar and Achilles reflexes were 1 with toes down going. Treatment requested is for one testosterone level test, one prescription of Zanaflex 2 mg # 240, one prescription of Oxycodone 30 mg # 120, and one prescription Temazepam 30 mg. On 01/30/2015 Utilization Review non-certified the request for one testosterone level tests. California Medical Treatment Guidelines and Official Disability Guidelines are silent regarding this and alternative guidelines were referenced. The prescription for Zanaflex 2 mg # 240 was non-certified and cited was California Medical Treatment Utilization Schedule-Chronic Pain Treatment Guidelines. The prescription for one prescription of Oxycodone 30 mg # 120 was non-certified and cited was California Medical Treatment Utilization Schedule-Chronic Pain Treatment Guidelines. The request for one prescription Temazepam 30 mg was modified to one prescription of Temazepam 30 mg # 4, between 12/15/2014 to 03/30/2015, and cited was California Medical Treatment Utilization Schedule-Chronic Pain Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Oxycodone 30 mg # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: According to the 12/15/2014 report, this patient presents with no changes in his 5 to 7 pain without opiate, 3 to 4/10 pain with the opiate. The current request is for one prescription of Oxycodone 30 mg # 120. This medication was first mentioned in the 01/07/2014 report; it is unknown exactly when the patient initially started taking this medication. The request for authorization is not included in the file for review. The patient's disability status is permanently disabled and permanent stationary. 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 4A's; 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 reviewing the provided reports, there is documentation of pain assessment using a numerical scale describing the patient's pain. UDSs were obtained on 06/23/2014 and 12/15/2014. However, there is no documentation provided discussing functional improvement or ADL's. No aberrant drug seeking behavior is discussed in the records provided. The treating physician has failed to clearly document the 4 A's-analgesia, ADL's, adverse side effects, adverse behavior as required by the MTUS. Therefore, the request IS NOT medically necessary.

One prescription of Zanaflex 2 mg # 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic drugs Page(s): 66.

Decision rationale: According to the 12/15/2014 report, this patient presents with no changes in his 5 to 7 pain without opiate, 3 to 4/10 pain with the opiate. The current request is to start the patient on one prescription of Zanaflex 2 mg # 240 for flare-ups. Regarding Antispasticity/Antispasmodic drugs, MTUS guidelines page 66, "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." However, the MTUS guidelines for muscle relaxers only allow a short course of treatment (2-3 weeks) for acute muscle spasms. In this case, the treating physician is requesting for a prescription of Zanaflex # 240; longer than the 2-3 weeks

recommended by the MTUS guidelines. MTUS do not support long term use of this medication; therefore, the request IS NOT medically necessary.

One prescription Temazepam 30 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to the 12/15/2014 report, this patient presents with no changes in his 5 to 7 pain without opiate, 3 to 4/10 pain with the opiate. The current request is for one prescription Temazepam 30 mg and Utilization Review modified to one prescription of Temazepam 30 mg # 4. Regarding Benzodiazepines, the MTUS guidelines page 24, do not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Only short-term use of this medication is recommended for this medication. In reviewing the medical reports provided, there is no mention of this medication usage; it is unknown exactly when the patient initially started taking this medication. In this case, the treating physician does not provide a prescription dosing and how this medication is being monitored. The MTUS guidelines page 60 require documentation of medication efficacy when it is used for chronic pain. In this case, there is not mention of how this medication has been helpful in any way. Without knowing the prescription dosing, one cannot make the appropriate recommendation. Therefore, the request IS NOT medically necessary.

One testosterone level test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Services Commission, Testosterone testing, protocol, Victoria (BC): British Columbia Medical Services Commission; 2011 Jun 1. 4 p (10 references).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines testosterone level Page(s): 110.

Decision rationale: According to the 12/15/2014 report, this patient presents with no changes in his 5 to 7 pain without opiate, 3 to 4/10 pain with the opiate. The current request is for one testosterone level test. Regarding testosterone levels, MTUS states "Routine testing of testosterone levels in men taking opioids is not recommended; however, an endocrine evaluation and/or testosterone levels should be considered in men who are taking long term, high dose oral opioids or intrathecal opioids and who exhibit symptoms or sign of hypogonadism, such as gynecomastia." According to the records made available for review, the treating physician documented that patient has been taking Oxycodone long term. However, there is no documentation that the patient exhibits symptoms or signs of hypogonadism, such as gynecomastia to warrant the testosterone level test. The treating physician does not provide

medical rationale for the request; the treatment plan simply states we will order testosterone level. Therefore, the request IS NOT medically necessary.