

Case Number:	CM15-0032625		
Date Assigned:	02/26/2015	Date of Injury:	10/17/2000
Decision Date:	04/10/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/20/2015

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 year old male injured worker suffered and industrial injury on 10/17/2000. The diagnoses were lumbosacral and cervical degenerative disc disease with radiculopathy. The diagnostic studies were magnetic resonance imaging of the cervical spine. The treatments were lumbar hemilaminectomy, discectomy, medications, and epidural steroid injections. The Utilization Review Determination on 1/30/2015 non-certified: 1. Prescription for Oxymorphone extended release 10mg quantity 60, MTUS, 2. Prescription for Tizanidine 4mg quantity 60, MTUS, 3. Prescription for Exalgo extended release 12mg quantity 30, ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription for Oxymorphone extended release 10mg quantity 60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Medications for chronic pain Page(s): 76-78, 88-89, 60-61.

Decision rationale: The patient was injured on 10/17/00 and presents with chronic low back pain. The request is for OXYMORPHONE EXTENDED RELEASE 10 MG QUANTITY 60. The utilization review denial letter did not provide a rationale. The RFA is dated 01/06/15 and the patient's work status is not known. The report with the request is not provided, nor do any of the reports discuss this medication. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a validated instrument. MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse 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." MTUS Guidelines page 60-61 state that "before prescribing any medication for pain, the following should occur: (1) Determine the aim of use of the medication. (2) Determine the potential benefits and adverse effects. (3) Determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded." The 01/21/15 report states that the patient had signed an opiate contract on 10/07/14. "Opiate analgesic medications such as Exalgo have reduced the severity of his pain and have increased his activities of daily living. He has been unable to wean from Exalgo and is fearful of withdrawals, such as what he experienced 3 years ago." As of 01/21/15, the patient is taking Exalgo, Zorvolex, Oxymorphone ER, and Tizanidine. Based on review of the reports, it would appear that the treater has not been able to wean the patient off Exalgo and is now requesting for Oxymorphone. Reports show that although Exalgo is listed as an opiate, there is lack of documentation of the four A's required for ongoing use of opiates. However, a trial of Oxymorphone may be appropriate given the patient's history of opiate use and to provide some analgesia. For on-going use of this medication, the treater will need to provide documentation of pain and functional improvement including the four A's going forward. The current request IS medically necessary.

Prescription for Tizanidine 4mg quantity 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Zanaflex (Tizanidine) Muscle relaxants Page(s): 63-66.

Decision rationale: The patient was injured on 10/17/00 and presents with chronic low back pain. The request is for TIZANIDINE 4 MG QUANTITY 60. The utilization review denial letter did not provide a rationale. The RFA is dated 01/06/15 and the patient's work status is not known. The report with the request is not provided, nor do any of the reports discuss this medication. It appears that this is the initial request for this medication. MTUS Guidelines page 66 allows Zanaflex (Tizanidine) for spasticity, but also for low back pain, myofascial pain, and fibromyalgia. In this case, the patient is diagnosed with lumbosacral and cervical degenerative disc disease with radiculopathy. He has pressure on the upper cervical facets aggravated pain

complaints bilaterally. Cervical facet loading provoked pain complaints and muscle spasm is significant. Myofascial tension is significant and range of motion is limited for the lumbar spine. Tenderness to palpation is 2+, bilaterally at the lumbar sacral junction. Given the patient's chronic low back pain, a trial of Tizanidine appears reasonable. The request IS medically necessary.

Prescription for Exalgo extended release 12mg quantity 30: Upheld

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

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

Decision rationale: The patient was injured on 10/17/00 and presents with chronic low back pain. The request is for EXALGO EXTENDED RELEASE 12 MG QUANTITY 30. The RFA is dated 01/06/15 and the patient's work status is not known. The report with the request is not provided. The patient has been taking Exalgo since at least 02/04/14. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a validated instrument. MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse 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." The 01/21/15 report states that "activities of daily living are still limited by the severity of his chronic pain. Hip pain has continued to persist for which he continues to walk with a cane. He is concerned that his pain will increase should utilization review deny further medication." The 10/07/14 urine drug screen indicates that there are no "unlisted medications detected no illicit drugs detected." In this case, not all of the 4As are addressed as required by MTUS Guidelines. The treater does not provide any pain scales before and after taking the medication. There are no discussions provided on adverse behavior/side effects. No outcome measures are provided either as required by MTUS Guidelines. The patient did have a urine drug screen on 10/07/14. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Exalgo IS NOT medically necessary.