

Case Number:	CM15-0042358		
Date Assigned:	03/12/2015	Date of Injury:	05/11/2006
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/06/2015

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: Arizona, Michigan

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:

The injured worker is a 47 year old female, who sustained an industrial injury on June 11, 2005. The injured worker reported shoulder pain. The injured worker was diagnosed as having pain in joint of shoulder, cervicgia and joint pain arm. Treatment to date has included medications and shoulder surgery. A progress note dated February 9, 2015 the injured worker complains of right shoulder pain with numbness that is reported as getting worse. She is unable to hold things in the right hand. At times she also has symptoms in the left hand. She reports sleep position doesn't seem to matter. The plan is to continue medications, have an orthopedic evaluation and follow up in 2 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The MTUS does not recommend long term use of benzodiazepines, long term efficacy is unproven and there is a risk of dependence, most guidelines limit use to 4 weeks, tolerance to all of its effects develop within weeks to months, and long term use may actually increase anxiety, a more appropriate treatment for anxiety disorder is an antidepressant. Chronic benzodiazepines are the treatment of choice in very few conditions. A review of the injured workers medical records do not reveal extenuating circumstances that would warrant deviating from the guidelines and therefore the request for valium 5 mg # 30 is not medically necessary.

Hydrocodone 7.5/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): s 78-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): s 74-96, 78, 89, and 95.

Decision rationale: Per the MTUS, opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Opioids should be continued if the patient has returned to work or has improved functioning and pain. On going management actions should include prescriptions from a single practitioner, taken as directed and all prescriptions from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. Documentation should follow the 4 A's of analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Long term users of opioids should be regularly reassessed. In the maintenance phase the dose should not be lowered if it is working. Also, patients who receive opioid therapy may sometimes develop unexpected changes in their response to opioids, which includes development of abnormal pain, change in pain pattern, and persistence of pain at higher levels than expected. When this happens opioids can actually increase rather than decrease sensitivity to noxious stimuli. It is important to note that a decrease in opioid efficacy should not always be treated by increasing the dose or adding other opioids, but may actually require weaning. A review of the injured workers medical records that are available to me do not show documentation of subjective or objective improvement in pain or functional ability according to guideline recommendations with the past use of opioids and without this information medical necessity cannot be established.

Nucynta 200mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Nucynta.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) /Tapentadol and Other Medical Treatment Guidelines Physicians Desk Reference / Nucynta (tapentadol).

Decision rationale: The MTUS did not specifically address the use of Tapentadol and therefore other guidelines were consulted. Per the ODG, tapentadol is recommended only as second line therapy for patients who develop intolerable adverse effects with first line opioids. Per the PDR tapentadol is a centrally acting analgesic indicated in the management of moderate to severe acute pain in adults." Abuse liability similar to other opioid agonists legal or illicit; assess each patient's risk for opioid abuse or addiction prior to prescribing. Routinely monitor all patients for signs of misuse, abuse, and addiction; misuse or abuse by crushing, chewing, snorting, or injecting will pose a significant risk that could result in overdose and death." A review of the injured workers medical records do not show that the injured worker has developed intolerable side effects with the use of opioids and is still being prescribed opioids therefore based on the guidelines the request for Nucynta 200mg # 60 is not medically necessary.

Zanaflex 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

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

Decision rationale: Per the MTUS, Tizanidine (Zanaflex) is a centrally acting alpha2adrenergic agonist that is FDA approved for management of spasticity: unlabeled use for back pain. One study which was conducted only in females demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and it is recommended as first line option to treat myofascial pain, it may also be beneficial as an adjunct in the treatment of fibromyalgia. A review of the injured workers medical records do not reveal subjective or objective pain and functional improvement with the use of zanaflex and without this information medical necessity for the continued use of Zanaflex cannot be established.

Flector patch 1.3%, 2 boxes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Flector Patches.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): s 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) / Flector patch.

Decision rationale: Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Per the ODG, "Flector patch is not recommended as a first-line treatment. Topical diclofenac is recommended for osteoarthritis after failure of an oral

NSAID or contraindications to oral NSAIDs, after considering the increased risk profile with diclofenac, including topical formulations. Flector patch is FDA indicated for acute strains, sprains, and contusions. On 12/07/09 the FDA issued warnings about the potential for elevation in liver function tests during treatment with all products containing diclofenac. Postmarketing surveillance has reported cases of severe hepatic reactions, including liver necrosis, jaundice, fulminant hepatitis with and without jaundice, and liver failure. Physicians should measure transaminases periodically in patients receiving long-term therapy with diclofenac." However a review of the injured workers medical records did not show a failed trial of other recommended first line medications like anticonvulsants and antidepressants, given the risk profile there does not appear to be a need for continued use of this medication, therefore the request for Flector Patch 1.3% is not medically necessary.

Mirapex 0.25mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation drugs.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians' Desk Reference/ Mirapex (Pramipexole).

Decision rationale: The MTUS/ACOEM and ODG did not address the use Mirapex and therefore other guidelines were consulted. Per the PDR, Mirapex is a non-ergot dopamine agonist indicated in the treatment of Parkinson's disease and moderate to severe primary restless legs syndrome (RLS). However a review of the injured workers medical records do not show any improvement in symptoms with the use of Mirapex and without this information medical necessity cannot be established.