

Case Number:	CM15-0051353		
Date Assigned:	06/25/2015	Date of Injury:	09/01/2004
Decision Date:	09/15/2015	UR Denial Date:	02/28/2015
Priority:	Standard	Application Received:	03/18/2015

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

Certification(s)/Specialty: Anesthesiology, Pain Management

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 53 year old female, who sustained an industrial/work injury on 9/1/04. She reported initial complaints of back pain. The injured worker was diagnosed as having lumbar spondylosis with facet pain. Treatment to date has included medication, and lumbar medial branch blocks at bilateral L4-5, L5-S1 on 11/10/14. The facet injections were noted to result in significant pain relief. MRI results of the left knee were reported on 9/10/08. Currently, the injured worker complains of lower back pain, radiating to buttocks and hips. Per the primary physician's progress report (PR-2) on 1/22/15, examination reveals very tender lumber area per palpation, muscles tight over quadratus lumborum bilaterally, pain over lumbar facets, pain with lumbar range of motion, and tenderness to bilateral knees laterally. The requested treatments include 1 prescription of Dilaudid 2mg, Norco 10/325mg, Tramadol 100mg, Tizanidine 4mg, and Valium 5mg. The other medications listed are Cymbalta and Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Dilaudid 2mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short term treatment of exacerbation of musculoskeletal pain when standard treatments with NSAIDs, non-opioid co-analgesics and PT have failed. The chronic use of high dose opioids can be associated with the development of tolerance, dependency, opioid induced hyperalgesia, sedation, addiction and adverse interaction with other sedative medications. The complications are increased in patients utilizing multiple opioids and other sedatives. The records indicate that the patient is utilizing multiple high dose opioids and benzodiazepines concurrently. The complaints of significant pain without functional restoration is indicative of opioid induced hyperalgesia. The criteria for the use of Dilaudid 2mg #90 was not met. The guidelines recommend that patients utilizing high dose opioid be referred to Addiction specialists or Pain Programs for safe weaning.

1 prescription of Norco 10/325mg #180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short-term treatment of exacerbation of musculoskeletal pain when standard treatments with NSAIDs, non-opioid co-analgesics and PT have failed. The chronic use of high dose opioids can be associated with the development of tolerance, dependency, opioid induced hyperalgesia, sedation, addiction and adverse interaction with other sedative medications. The complications are increased in patients utilizing multiple opioids and other sedatives. The records indicate that the patient is utilizing multiple high dose opioids and benzodiazepines concurrently. The complaints of significant pain without functional restoration is indicative of opioid induced hyperalgesia. The criteria for the use of Norco 10/325mg was not met. The guidelines recommend that patients utilizing high dose opioid be referred to Addiction specialists or Pain Programs for safe weaning.

1 prescription of Tramadol 100mg #15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short term treatment of exacerbation of musculoskeletal pain when standard treatments with NSAIDs, non-opioid co-analgesics and PT have failed. The chronic use of high dose opioids can be associated with the development of tolerance, dependency, opioid induced hyperalgesia, sedation, addiction and adverse interaction with other sedative medications. The complications are increased in patients utilizing multiple opioids and other sedatives. The records indicate that the patient is utilizing multiple high dose opioids and benzodiazepines concurrently. The complaints of significant pain without functional restoration are indicative of opioid induced hyperalgesia. The criteria for the use of Tramadol 100mg #15 was not met. The guidelines recommend that patients utilizing high dose opioid be referred to Addiction specialists or Pain Programs for safe weaning.

1 prescription of Tizanidine 4mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the treatment of exacerbation of musculoskeletal pain when standard treatment with NSAIDs and PT have failed. The chronic use of muscle relaxants is associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with opioids. The guidelines recommend the monitoring of LFT in patients on chronic Tizanidine treatment. The records indicate that the patient had been on Tizanidine longer than the guidelines recommended maximum period of 4 to 6 weeks. There is no documentation of serial LFT to monitor liver function. The criteria for the use of Tizanidine 4mg #30 was not met.

1 prescription of Valium 5mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 378-388, Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 24, 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress; Benzodiazepines.

Decision rationale: The CA MTUS and the ODG guidelines recommend that benzodiazepines can be utilized for short term treatment of anxiety or insomnia during exacerbation of musculoskeletal pain when standard treatments with NSAIDs, non-opioid co-analgesics and PT have failed. The chronic use of benzodiazepines can be associated with the development of tolerance, dependency, daytime somnolence, sedation, addiction and adverse interaction with opioids. The complications are increased in patients utilizing multiple opioids and other sedatives. The records indicate that the patient is utilizing multiple Valium with multiple high

dose opioids concurrently. The duration of use of Valium had exceeded the guidelines recommended maximum period of 4 to 6 weeks. It is recommended that anticonvulsant and antidepressant medications be used in chronic pain patients with co-existing anxiety and insomnia. The criteria for the use of Valium 5mg #90 was not met. The guidelines recommend that patients utilizing high dose opioids and sedatives be referred to Addiction specialists or Pain Programs for safe weaning.