

Case Number:	CM15-0082553		
Date Assigned:	05/04/2015	Date of Injury:	04/17/2001
Decision Date:	07/09/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	04/29/2015

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 54 year old female, who sustained an industrial injury on 4/17/2001. She reported low back pain. The injured worker was diagnosed as having lumbar facet arthropathy, lumbar radiculopathy, chronic pain, and NSAID intolerance, history of gastrointestinal bleed. Treatment to date has included medications, urine drug screening, and magnetic resonance imaging. The request is for Hydrocodone, Senokot, urine drug screen, Tizanidine HCL, and a left L4-5, L5-S1 transforaminal epidural under fluoroscopy. The records indicate she has been utilizing Hydrocodone and Tizanidine since at least March 2014. The records indicate medications, side effects, and CURES were discussed with the injured worker. The records indicate the provider assessed her for continued use. On 4/1/2015, she was seen for pain medicine follow up. She complained of low back pain with radiation into both lower extremities and down to the left foot. She rated her pain as 3/10 with medications and 8/10 without medications. The provider notes medications provide a reduction in pain, improvement in level of function, no side effects noted, and indicate she is in compliance with a pain management agreement. The provider indicated the intended effect of medications was achieved. The treatment plan included: follow up in one month, urine drug testing, Tizanidine, Hydrocodone, Senokot, and lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #115: Overturned

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

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 presents with low back pain radiating to lower extremities rated 3/10 with and 8/10 without medications. The request is for HYDROCODONE 10/325MG #115. The request for authorization is dated 04/10/15. MRI of the lumbar spine, 05/22/06, shows at L4-5, there is disc desiccation and a 2.8 mm disc protrusion which abuts the thecal sac, there is facet joint hypertrophy contributing to spinal canal narrowing and neural foraminal narrowing; at L5-S1, there is a 2.5 mm central disc protrusion which abuts the thecal sac, there is narrowing of the neural foramina with effacement of the exiting L5 nerve roots. Physical examination of the lumbar reveals spasm noted L4-S1 in the bilateral paraspinal musculature. Tenderness was noted upon palpation in the bilateral paravertebral area L4-S1. The range of motion was moderately limited secondary to pain. Sensory exam shows decreased sensitivity to touch along the L4-S1 dermatome in the left lower extremity. Motor exam shows decreased strength of the extensor muscles along the L4_S1 dermatome in the left lower extremity. The patient complains of frequent muscle spasms in the low back. Pain is bilaterally in the hips and in the knees. The patient reports that the use of current muscle relaxant, opioid pain medication is helpful. The patient reports 70% improvement due to this therapy. Areas of functional improvement as a result of the above therapy include: bathing, cleaning, climbing stairs, concentrating, cooking, dressing, mood, reading, sitting, sleeping, sleeping in bed, stand, standing in line, tying shoes, washing dishes and writing. The patient's medications review included medication compliance and potential side effects. Per progress report dated 03/04/15, the patient is not working. 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 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 p90, maximum dose for Hydrocodone, 60mg/day. Per progress report dated 04/01/15, treater's reason for the request is "for pain." The patient has been prescribed Hydrocodone since at least 03/19/14. Treater discusses how Hydrocodone significantly improves patient's activities of daily living with specific examples of ADL's, bathing, cleaning, climbing stairs, concentrating, cooking, dressing, mood, reading, sitting, sleeping, sleeping in bed, stand, standing in line, tying shoes, washing dishes and writing. Analgesia is also discussed, specifically showing significant pain reduction from 8/10 to 3/10 pain rating with use of Hydrocodone. There are documentation and discussion regarding adverse effects and aberrant drug behavior. A consistent USD dated 07/12/14. In the case, the treater has adequately discussed the 4A's as required by MTUS. Therefore, the request IS medically necessary.

Senokot S 8.6/50 mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McKay SL, Fravel M, Scanlon C. Management of constipation. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core; 2009 Oct.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines therapeutic trial of opioids Page(s): 77.

Decision rationale: The patient presents with low back pain radiating to lower extremities rated 3/10 with and 8/10 without medications. The request is for SENOKOT S 8.6/50MG #60. The request for authorization is dated 04/10/15. MRI of the lumbar spine, 05/22/06, shows at L4-5, there is disc desiccation and a 2.8 mm disc protrusion which abuts the thecal sac, there is facet joint hypertrophy contributing to spinal canal narrowing and neural foraminal narrowing; at L5-S1, there is a 2.5 mm central disc protrusion which abuts the thecal sac, there is narrowing of the neural foramina with effacement of the exiting L5 nerve roots. Physical examination of the lumbar reveals spasm noted L4-S1 in the bilateral paraspinous musculature. Tenderness was noted upon palpation in the bilateral paravertebral area L4-S1. The range of motion was moderately limited secondary to pain. Sensory exam shows decreased sensitivity to touch along the L4-S1 dermatome in the left lower extremity. Motor exam shows decreased strength of the extensor muscles along the L4_S1 dermatome in the left lower extremity. The patient complains of frequent muscle spasms in the low back. Pain is bilaterally in the hips and in the knees. The patient reports that the use of current muscles relaxant, opioid pain medication is helpful. The patient reports 70% improvement due to this therapy. Areas of functional improvement as a result of the above therapy include: bathing, cleaning, climbing stairs, concentrating, cooking, dressing, mood, reading, sitting, sleeping, sleeping in bed, stand, standing in line, tying shoes, washing dishes and writing. The patient's medications review included medication compliance and potential side effects. Per progress report dated 03/04/15, the patient is not working. MTUS Chronic Pain Medical Treatment Guidelines, page 77, states that prophylactic treatment of constipation should be initiated with therapeutic trial of opioids. It also states "Opioid induced constipation is a common adverse side effect of long-term opioid use." Per progress report dated 04/01/15, treater's reason for the request is "to reduce side effect of constipation resulting from chronic administration of opiate pain medications. In this case, medical records indicate this patient has been taking Hydrocone since at least 03/19/14. The MTUS guideline recognizes constipation as a common side effect of chronic opiate use. Therefore, the request IS medically necessary.

1 urine drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine drug testing (UDT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

Decision rationale: The patient presents with low back pain radiating to lower extremities rated 3/10 with and 8/10 without medications. The request is for 1 URINE DRUG SCREEN. The request for authorization is dated 04/10/15. MRI of the lumbar spine, 05/22/06, shows at L4-5, there is disc desiccation and a 2.8 mm disc protrusion which abuts the thecal sac, there is facet joint hypertrophy contributing to spinal canal narrowing and neural foraminal narrowing; at L5-S1, there is a 2.5 mm central disc protrusion which abuts the thecal sac, there is narrowing of the neural foramina with effacement of the exiting L5 nerve roots. Physical examination of the lumbar reveals spasm noted L4-S1 in the bilateral paraspinous musculature. Tenderness was noted upon palpation in the bilateral paravertebral area L4-S1. The range of motion was moderately limited secondary to pain. Sensory exam shows decreased sensitivity to touch along the L4-S1 dermatome in the left lower extremity. Motor exam shows decreased strength of the extensor muscles along the L4_S1 dermatome in the left lower extremity. The patient complains of frequent muscle spasms in the low back. Pain is bilaterally in the hips and in the knees. The patient reports that the use of current muscle relaxant, opioid pain medication is helpful. The patient reports 70% improvement due to this therapy. Areas of functional improvement as a result of the above therapy include: bathing, cleaning, climbing stairs, concentrating, cooking, dressing, mood, reading, sitting, sleeping, sleeping in bed, stand, standing in line, tying shoes, washing dishes and writing. The patient's medications review included medication compliance and potential side effects. Per progress report dated 03/04/15, the patient is not working. While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG Guidelines provide clear recommendation. It recommends once yearly urine drug screen following initial screening, with the first 6 months for management of chronic opiate use in low-risk patients. Per progress report dated 04/01/15, treater's reason for the request is "to assist in monitoring adherence to a prescription drug treatment regimen." In this case, the patient is prescribed Hydrocodone, which is an opiate. ODG recommends once yearly urine drug screen for management of chronic opiate use in low-risk patients. Therefore, the request IS medically necessary.

Tizanidine HCL 2mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain Medications for chronic pain Page(s): 63-66, 60.

Decision rationale: The patient presents with low back pain radiating to lower extremities rated 3/10 with and 8/10 without medications. The request is for TIZANIDINE HCL 2MG #60. The request for authorization is dated 04/10/15. MRI of the lumbar spine, 05/22/06, shows at L4-5, there is disc desiccation and a 2.8 mm disc protrusion which abuts the thecal sac, there is facet joint hypertrophy contributing to spinal canal narrowing and neural foraminal narrowing; at L5-S1, there is a 2.5 mm central disc protrusion which abuts the thecal sac, there is narrowing of the neural foramina with effacement of the exiting L5 nerve roots. Physical examination of the lumbar reveals spasm noted L4-S1 in the bilateral paraspinous musculature. Tenderness was noted upon palpation in the bilateral paravertebral area L4-S1. The range of motion was

moderately limited secondary to pain. Sensory exam shows decreased sensitivity to touch along the L4-S1 dermatome in the left lower extremity. Motor exam shows decreased strength of the extensor muscles along the L4_S1 dermatome in the left lower extremity. The patient complains of frequent muscle spasms in the low back. Pain is bilaterally in the hips and in the knees. The patient reports that the use of current muscles relaxant, opioid pain medication is helpful. The patient reports 70% improvement due to this therapy. Areas of functional improvement as a result of the above therapy include: bathing, cleaning, climbing stairs, concentrating, cooking, dressing, mood, reading, sitting, sleeping, sleeping in bed, stand, standing in line, tying shoes, washing dishes and writing. The patient's medications review included medication compliance and potential side effects. Per progress report dated 03/04/15, the patient is not working. MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain, pg 66:"

ANTISPASTICITY/ANTISPASMODIC DRUGS: 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. 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." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Per progress report dated 04/01/15, treater's reason for the request is "muscle spasm/musculoskeletal pain." The patient has been prescribed Tizanidine since at least 03/19/14. In this case, physical examination revealed spasm in the bilateral paraspinous musculature. The patient reports 70% improvement with pain rating from 8/10 without and 3/10 with medication. Areas of functional improvement as a result of medication include: bathing, cleaning, climbing stairs, concentrating, cooking, dressing, mood, reading, sitting, sleeping, sleeping in bed, stand, standing in line, tying shoes, washing dishes and writing. Given the patient's chronic pain and documented improvements with Tizanidine, the request appears reasonable and within MTUS guidelines. Therefore, the request IS medically necessary.

1 left L4-L5, L5-S1 transforaminal epidural under fluoroscopy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: The patient presents with low back pain radiating to lower extremities rated 3/10 with and 8/10 without medications. The request is for 1 LEFT L4-L5, L5-S1 TRANSFORAMINAL EPIDURAL STEROID INJECTION UNDER FLUROSCOPY. The request for authorization is dated 04/10/15. MRI of the lumbar spine, 05/22/06, shows at L4-5, there is disc desiccation and a 2.8 mm disc protrusion which abuts the thecal sac, there is facet joint hypertrophy contributing to spinal canal narrowing and neural foraminal narrowing; at L5-S1, there is a 2.5 mm central disc protrusion which abuts the thecal sac, there is narrowing of the neural foramina with effacement of the exiting L5 nerve roots. Physical examination of the lumbar reveals spasm noted L4-S1 in the bilateral paraspinous musculature. Tenderness was noted upon palpation in the bilateral prarvertebral area L4-S1. The range of motion was moderately limited secondary to pain. Sensory exam shows decreased sensitivity to touch along

the L4-S1 dermatome in the LEFT lower extremity. Motor exam shows decreased strength of the extensor muscles along the L4_S1 dermatome in the LEFT lower extremity. The patient complains of frequent muscle spasms in the low back. Pain is bilaterally in the hips and in the knees. The patient reports that the use of current muscles relaxant, opioid pain medication is helpful. The patient reports 70% improvement due to this therapy. Areas of functional improvement as a result of the above therapy include: bathing, cleaning, climbing stairs, concentrating, cooking, dressing, mood, reading, sitting, sleeping, sleeping in bed, stand, standing in line, tying shoes, washing dishes and writing. The patient's medications review included medication compliance and potential side effects. Per progress report dated 03/04/15, the patient is not working. MTUS page 46,47 states that an ESI is "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." MTUS further states, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." Per progress report dated, 04/01/15, treater's reason for the request is "The patient has failed conservative treatment and wishes to proceed with a lumbar epidural steroid injection." The patient's physical examination revealed decreased sensitivity and decreased strength along the L4-S1 dermatome in the LEFT lower extremity. Additionally, MRI of the lumbar spine shows neural foraminal narrowing at L4-S1. However, review of provided medical records indicate the patient previously underwent a Transforaminal Epidural Steroid Injection. Per progress report dated 02/24/10, treater states, "The patient is a status post epidural steroid injection at bilateral L5-S1 level on February 13, 2010. Post procedure the patient reports minimal (5-20%) overall improvement." In this case, the patient did not achieve at least 50% pain relief to indicate a repeat injection. Therefore, the request IS NOT medically necessary.