

Case Number:	CM15-0084081		
Date Assigned:	05/06/2015	Date of Injury:	09/14/2004
Decision Date:	06/04/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	05/01/2015

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: Emergency 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 51 year old male, who sustained an industrial injury on 9/14/04. He reported back pain. The injured worker was diagnosed as having lumbar degenerative disc disease, lumbar spine compression fracture, and thoracic or lumbosacral neuritis or radiculitis. Treatment to date has included physical therapy, the use of a walker, and medications. A physician's report dated 10/28/14 noted lumbar back pain was rated as 10/10 and left leg pain was rated as 9/10. All subsequent reports note the same pain ratings. The injured worker had been taking Dilaudid 4mg, Oxycontin 40mg, and Zanaflex 4mg since at least 10/28/14. Currently, the injured worker complains of mid back pain, low back pain, and leg pain. The treating physician requested authorization for Dilaudid 4mg #120, Oxycontin 40mg #90, and Zanaflex 4mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4 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 Page(s): 78 of 127.

Decision rationale: "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000)" The patient's injury occurred in September 2004. He developed lumbar pain with a poor response to conservative therapy. He is currently on opioid type medications as well a muscle relaxants. As indicated in the MTUS guidelines there is a requirement of not only pain relief but functional gains seen in order to justify continued use. There is always a concern regarding long-term tolerance, which can develop. Due to poor documentation of improvement of the quality of life and functional gains seen, the request for continued use would not be advised and is not medically necessary. Opioid medications should be titrated down and not removed abruptly in opioid tolerant patients.

Oxycontin 40 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 of 127.

Decision rationale: "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of

these controlled drugs. (Passik, 2000)" The patient's injury occurred in September 2004. He developed lumbar pain with a poor response to conservative therapy. He is currently on opioid type medications as well as muscle relaxants. As indicated in the MTUS guidelines there is a requirement of not only pain relief but functional gains seen in order to justify continued use. There is always a concern regarding long term tolerance which can develop. Due to poor documentation of improvement of the quality of life and functional gains seen, the request for continued use would not be advised and is not medically necessary. Opioid medications should be titrated down and not removed abruptly in opioid tolerant patients.

Zanaflex 4 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

Decision rationale: "Muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit, although they have been shown to be useful as antispasmodics. Side effects including drowsiness have been reported in up to 30% of patients taking muscle relaxants. Muscle relaxants act on the central nervous system and have no effect on peripheral musculature. They may hinder return to function by reducing the patient's motivation or ability to increase activity." Based on the ACOEM guidelines, there is no benefit of continued use of this class of medication in this case. The patient's injury was in 9/2004 with a poor response to conservative therapy. Muscle relaxant medications show no improved benefit for long-term use compared to NSAIDs. They have also not been shown to be of added use in combination with NSAIDs. As such, further use of Zanaflex would not be indicated and is not medically necessary.