

Case Number:	CM15-0231184		
Date Assigned:	12/07/2015	Date of Injury:	05/04/2000
Decision Date:	01/11/2016	UR Denial Date:	11/10/2015
Priority:	Standard	Application Received:	11/24/2015

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: 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 77 year old male, who sustained an industrial injury on 5-4-00. The injured worker was diagnosed as having complex regional pain syndrome of the left lower extremity. Treatment to date has included a spinal cord stimulator, home exercise, and medication including Oxycodone and Zanaflex. The injured worker had been taking Oxycodone and Zanaflex since at least 2006. On 4-8-15 a physician noted the injured worker "has never had an inappropriate urine drug screen or CURES report." On 10-28-15, the treating physician noted the following improvements in activities of daily living: improved mood, improved sleep, walking, less time in bed, cooking, cleaning, interaction with family, shopping, and exercise. On 10-28-15, the injured worker complained of left lower extremity pain. On 10-28-15, the treating physician requested authorization for Oxycodone 30mg #150 and Zanaflex 4mg #120. On 11-9-15 the requests were non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg #150: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment, Functional improvement measures.

Decision rationale: MTUS Guidelines allow for the use of long term opioids for non-cancer pain if specific criteria are met. These criteria include meaningful pain relief, support/improvement in function and the lack of drug related aberrant behaviors. This individual meets these criteria. Significant pain relief is adequately reported, improvement in function is well documented and there is no hint of aberrant drug related behaviors i.e. lost scripts, ER visits, undue dose acceleration. Guidelines recommend urine drug screens, but the Guidelines specifically do not make them mandatory to justify opioid prescribing. A drug screen performed in June '15 was consistent with prescriptions. Under these circumstances, the Oxycodone 30mg #150 is supported by Guidelines and is medically necessary.

Zanaflex 4mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: In General, MTUS Guidelines do not support the long term use of muscle relaxants for chronic myofascial pain disorders. However, the Guidelines do allow for use of Zanaflex on an exceptional basis. The Guidelines point out that this is not a sedating medication nor is it a medication of abuse and it does have reasonable support for at least a trial with chronic pain (centrally mediated pain perhaps the best indication that is consistent with a CRPS syndrome). This medication has been utilized long term with apparent benefit and it meets Guidelines standards to be utilized on an exceptional basis. The Zanaflex 4mg #120 is medically necessary and appropriate.