

Case Number:	CM15-0241949		
Date Assigned:	12/21/2015	Date of Injury:	09/19/2013
Decision Date:	01/29/2016	UR Denial Date:	11/18/2015
Priority:	Standard	Application Received:	12/11/2015

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 59-year-old female who sustained an industrial injury on 9-19-2013 and has been treated for hip arthrosis, aseptic necrosis femur, walking difficulty, and she had a right total hip replacement on 6-23-2015. At a visit dated 10-29-2015, the injured worker presented with report of having less pain than before her surgery, but continued to have morning stiffness. Significant objective findings included note of healed right hip wound, no calf tenderness; range of motion was 90 degrees flexion, external rotation 40 and internal rotation 30. Neuro-examination was "intact." The injured worker was able to walk with wearing low heels. Documented treatment has included post-operative physical therapy, gabapentin which was being discontinued at this visit; hydrocodone-acetaminophen 10-325 mg every four hours; Tizanidine 4 mg tablets; and, diclofenac sodium was being added. She had been taking that prior to her surgery, but the note of 6-17-2015 states she had stopped Tizanidine on 6-15-2015. She was also treated with Norco prior to surgery. Discussion of pain contract, medication behaviors or monitoring was not evidenced in the document. The treating physician's plan of care included Diclofenac 75 mg #75 with two refills; Tizanidine 4 mg #60 with two refills; and, Norco 10-325 mg #90. All were denied on 11-18-2015 with weaning doses recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 75mg #75 with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, under Diclofenac.

Decision rationale: Based on progress report dated 11/05/15, the patient presents with ongoing pain which persists to her right hip. The request is for Diclofenac 75mg #75 with two refills. The request for authorization form is dated 11/05/15. The patient is status post right hip total arthroplasty. Patient's diagnosis includes hip arthrosis. Physical examination of the right hip reveals tenderness to the hip with well-healed incision. There is some guarding due to soreness from her therapy routine. There is painful range of motion although improved from last visit. She is doing therapy post-operatively and now recovering well. Per work status report dated 12/03/15, the patient is temporarily totally disabled. MTUS Chronic Pain Medical Treatment Guidelines, page 67 and 68, NSAIDs (non-steroidal anti-inflammatory drugs) section under Back Pain Chronic Low Back Pain states: "Recommended as an option for short-term symptomatic relief." ODG-TWC, Pain (Chronic) Chapter, under Diclofenac states: "Not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. For a patient who has a 5% to 10% risk of having a heart attack that is a significant increase in absolute risk, particularly if there are other drugs that don't seem to have that risk. For people at very low risk, it may be an option. (McGettigan, 2011)" Per progress report dated 11/05/15, treater's reason for the request is "as an anti-inflammatory." Review of provided medical records show the patient was prescribed Diclofenac on 05/09/14. The patient continues with on-going persistent hip pain. Given patient's continued symptoms, MTUS supports the use of NSAIDs. However, MTUS guidelines, page 60 requires recording of pain and function when medications are used for chronic pain. In this case, treater does not discuss or document pain reduction or functional improvement in patient with use of Diclofenac. Furthermore, ODG supports Diclofenac when other NSAIDs have failed and the patient is at a very low risk profile. There is no evidence in provided medical records that other NSAIDs have been trialed and failed, nor has treater addressed patient's risk profile. Therefore, the request is not medically necessary.

Tizanidine 4mg #60 with two refills: Upheld

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: Based on progress report dated 11/05/15, the patient presents with ongoing pain which persists to her right hip. The request is for Tizanidine 4mg #60 with two refills. The request for authorization form is dated 11/05/15. The patient is status post right hip total arthroplasty. Patient's diagnosis includes hip arthrosis. Physical examination of the right hip reveals tenderness to the hip with well-healed incision. There is some guarding due to soreness from her therapy routine. There is painful range of motion although improved from last visit. She is doing therapy postoperatively and now recovering well. Per work status report dated 12/03/15, the patient is temporarily totally disabled. MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain, pg 66: "ANTISPASTICITY/ANTISPASMODIC DRUGS: Tizanidine (Zanaflex, generic available) is a centrally acting alpha 2-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 11/05/15, treater's reason for the request is "for spasm." Review of provided medical records show the patient was prescribed Tizanidine on 05/04/15. In this case, the patient continues with ongoing persistent hip pain. However, the treater does not document or discuss how pain is reduced and function is improved by the patient with use of Zanaflex as required by MTUS. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Therefore, given the lack of documentation, the request is not medically necessary.

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Based on progress report dated 11/05/15, the patient presents with ongoing pain which persists to her right hip. The request is for Norco 10/325mg #90. The request for authorization form is dated 11/05/15. The patient is status post right hip total arthroplasty. Patient's diagnosis includes hip arthrosis. Physical examination of the right hip reveals tenderness to the hip with well-healed incision. There is some guarding due to soreness from her therapy routine. There is painful range of motion although improved from last visit. She is doing therapy postoperatively and now recovering well. Per work status report dated 12/03/15, the patient is temporarily totally disabled. MTUS, Criteria for use of Opioids Section, 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, Criteria for use of Opioids Section, 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, Criteria for use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS,

Medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Per progress report dated 11/05/15, treater's reason for the request is "for severe pain." Review of provided medical records show the patient was prescribed Norco on 05/09/14. MTUS requires appropriate discussion of the 4A's, however, treater does not discuss how Norco significantly improves patient's activities of daily living with specific examples. Analgesia is not discussed, specifically showing pain reduction with use of Norco. There is no discussion regarding adverse effects or aberrant drug behavior. A UDS dated 03/27/15 was provided for review. In this case, the treater has not adequately discussed the 4A's as required by MTUS. Therefore, given the lack of documentation, the request is not medically necessary.