

<b>Case Number:</b>	CM14-0149314		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	01/10/2002
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 52-year-old female with a date of injury of 01/10/2002. The listed diagnoses per [REDACTED] are: Lumbago, displacement, lumbar disk, without myelopathy, and degenerative lumbar/lumbosacral intervertebral disk. According to progress report dated 08/14/2014, the patient presents with low back pain that radiates to the left buttock and groin region. The pain with medication is rated as 5/10, and without medication 8/10. Examination revealed antalgic gait to the left side with pain. Lower extremity strength is 4/5 on the left and 5/5 on the right. There is a decrease in sensation to light touch to the right, and functional ROM is more restricted on the left than right. There was tenderness to palpation in the lumbar and left gluteal myofascial tissue noted. The treater is requesting patient continue with methadone 5 mg #60, Zanaflex 2 mg #60, and Arthrotec #60. Utilization review denied the request on 08/28/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone 5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Methadone, When to Continue Opioids, Opioids for Chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter, Opioids

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines on Long-term Opioid use, Page(s): 88-89.

**Decision rationale:** This patient presents with low back pain that radiates into the left buttock and groin region. The treater is requesting a refill of "Methadone 5 mg #60 for ATC pain control." The MTUS Chronic Pain Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS Chronic Pain Guidelines 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. The medical file provided for review indicates a decrease in pain using a pain scale, but there is no discussion of functional improvement or outcome measures as required by the MTUS Chronic Pain Guidelines. Furthermore, the treater does not provide a urine drug screen for monitoring medication or discuss possible aberrant behaviors or side effects. Given the lack of sufficient documentation for opiate management, the request is not medically necessary and appropriate.

**Zanaflex 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 ANTISPASTICITY/ANTISPASMODIC DRUGS: Page(s): 66.

**Decision rationale:** The MTUS Chronic Pain Guidelines page 66 allows for the use of Zanaflex (tizanidine) for low back pain, myofascial pain, and fibromyalgia. The medical records provided for review indicate the patient has been taking this medication since at least 01/09/2014. The treater states patient has a decrease in pain from 8/10 to 5/10 with current medications, which includes Zanaflex. Given the patient's continued pain and the treater's documentation of efficacy, a refill of Zanaflex 2 mg is warranted. As such, the request is medically necessary and appropriate.

**Arthrotec 50/0.2mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Arthrotec (Diclofenac/Misoprostol)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications ,NSAIDs (non-steroidal anti-inflammatory drugsNSAIDs, GI sympt.

**Decision rationale:** This medication is a combination of anti-inflammatory (NSAID) and misoprostol. For anti-inflammatory medications, the MTUS Guidelines page 22 states "anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long term use may not be warranted." For Prostaglandin, the MTUS

Guidelines page 68 and 69 state, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors." MTUS recommends determining risk for GI events before prescribing prophylactic PPI or omeprazole. GI risk factors include: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. Although NSAIDs are indicated for chronic pain, the treater does not provide a discussion regarding functional improvement with taking this medication. There is no discussion as to why a combination medication is required. Furthermore, there is no GI risk assessment to determine the patient's need for prophylactic antacid or PPI's to be used in conjunction with an NSAID. As such, the request is not medically necessary and appropriate.