

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0211512 | | |
| Date Assigned: | 12/24/2014 | Date of Injury: | 01/28/2004 |
| Decision Date: | 02/20/2015 | UR Denial Date: | 12/02/2014 |
| Priority: | Standard | Application Received: | 12/17/2014 |

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. 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: Colorado

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

69 year old male with date of injury 1/28/2004 continues care with the treating physician. The only records included for review indicate patient complaint is dizziness. The records do not indicate any previous treatments or management. Current requests include Diclofenac, Tizanidine, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac XR 100mg with 1 refill times 30 (total 60): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 67-68 and 71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

Decision rationale: Per the ODG, Diclofenac is not a recommended non-steroidal anti-inflammatory drug as first line, because of its increased risk profile. Per the MTUS Guidelines,

non-steroidal anti-inflammatory drugs are recommended as second line agents for pain, after trial of Acetaminophen, (particularly for those patients at risk for gastrointestinal events, cardiac events, and renal disease), to be taken at the lowest effective dose for shortest period of time. Non-steroidal anti-inflammatory drugs may be first line for moderate to severe pain, based on available evidence, though studies cannot consistently confirm that non-steroidal anti-inflammatory drugs are superior to Acetaminophen. There is no evidence that any of the non-steroidal anti-inflammatory drugs are effective long term for pain relief or functional improvement. There is no consistent evidence that non-steroidal anti-inflammatory drugs are useful for long term management of neuropathic pain. Per the MTUS Guidelines, based off of the dosing recommendations for Diclofenac, total daily dosage should not exceed 150mg per day, regardless of formulation / diagnosis. The only documentation provided for the patient of concern dated to 2011. Per the records supplied for patient of concern, there is no documentation of functional improvement or lasting pain relief from his current regimen, and no indication if Diclofenac is included in current regimen, or if this would be initial prescription. Furthermore, non-steroidal anti-inflammatory drugs should not be continued long term, given the risk profile, and the prescription includes refill for continued use. There is also no documentation indicating patient ever tried Acetaminophen prior to non-steroidal anti-inflammatory drugs. For the above reasons, the Diclofenac is not medically indicated.

Tizanidine 4mg with 1 refill times 120 (total 240): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 63 and 66.

Decision rationale: Per the Guidelines, Tizanidine, a centrally acting muscle relaxant approved for use to treat spasticity, is recommended for musculoskeletal pain associated with spasm, but only for a short course. It has been shown to help low back pain in several studies and to help myofascial pain in one study. The antispasmodic / anti-spasticity drugs have diminishing effects over time, so are not recommended for long term use. No quality consistent evidence exists to support chronic use of Tizanidine. The only documentation supplied for the patient was dated 2011, There is no record of patient's current complaints for which he would take a muscle relaxer. The prescription requested includes a refill, so it is intended for long term use, greater than 3-4 weeks. Without any diagnosis included for which Tizanidine would be indicated and as Tizanidine has no indication for use longer than 4 weeks, the request for Tizanidine with refill is not medically indicated.

Norco 10/325mg times 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 79-80, 85, 88-89, and 91.

Decision rationale: The Guidelines establish criteria for use of opioids, including long term use (6 months or more). When managing patients using long term opioids, the following should be addressed: "Re-assess the diagnosis and review previous treatments and whether or not they were helpful. When re-assessing, pain levels and improvement in function should be documented. Pain levels should be documented every visit. Function should be evaluated every 6 months using a validated tool. Adverse effects, including hyperalgesia, should also be addressed each visit. Patient's motivation and attitudes about pain / work / interpersonal relationships can be examined to determine if patient requires psychological evaluation as well. Aberrant / addictive behavior should be addressed if present. "Do not decrease dose if effective. Medication for breakthrough pain may be helpful in limiting overall medication. Follow up evaluations are recommended every 1-6 months. To summarize the above, the 4A's of Drug Monitoring (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking Behaviors) have been established. 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) Several circumstances need to be considered when determining to discontinue opioids: 1) Verify patient has not had failure to improve because of inappropriate dosing or under-dosing of opioids 2) Consider possible reasons for immediate discontinuation including diversion, prescription forgery, illicit drug use, suicide attempt, arrest related to opioids, and aggressive or threatening behavior in clinic. Weaning from the medication over 30 day period, under direct medical supervision, is recommended unless a reason for immediate discontinuation exists. If a medication contract is in place, some physicians will allow one infraction without immediate discontinuation, but the contract and clinic policy should be reviewed with patient and consequences of further violations made clear to patient. 3) Consider discontinuation if there has been no improvement in overall function, or a decrease in function. 4) Patient has evidence of unacceptable side effects. 5) Patient's pain has resolved. 6) Patient exhibits "serious non-adherence." Per the Guidelines, Chelminski defines "serious substance misuse" or non-adherence as meeting any of the following criteria: (a) cocaine or amphetamines on urine toxicology screen (positive cannabinoid was not considered serious substance abuse); (b) procurement of opioids from more than one provider on a regular basis; (c) diversion of opioids; (d) urine toxicology screen negative for prescribed drugs on at least two occasions (an indicator of possible diversion); & (e) urine toxicology screen positive on at least two occasions for opioids not routinely prescribed. (Chelminski, 2005) 7) Patient requests discontinuing opioids. 8) Consider verifying that patient is in consultation with physician specializing in addiction to consider detoxification if patient continues to violate the medication contract or shows other signs of abuse / addiction. 9) Document the basis for decision to discontinue opioids. Likewise, when making the decision to continue opioids long term, consider the following: Has patient returned to work? Has patient had improved function and decreased pain with the opioids? For the patient, the only documentation supplied for the patient was dated 2011. There is no record that patient has been taking the Norco or that he achieved any meaningful relief of pain since 2011, or that he has had improvement in function with his regimen which may or may not include Norco. The records do not indicate any monitoring has been done / planned including urine drug screens, or discussions of side effects and aberrant drug taking behavior. There is no documentation if patient has been taking Norco, or if this is to be initiation of opioid and no documentation of goal setting for opioid use. Without evidence that Norco risks and goals for

pain management have been discussed, or that Norco use is effective, and without evidence that Norco use is being monitored according to the Guidelines, the Norco is not medically indicated.