

Case Number:	CM15-0001824		
Date Assigned:	01/12/2015	Date of Injury:	10/24/2013
Decision Date:	03/09/2015	UR Denial Date:	12/13/2014
Priority:	Standard	Application Received:	01/06/2015

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: 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:

The injured worker is a 64, year old female, who sustained an industrial injury on 10/24/13 when she was walking inside of the restroom and slipped on the slick floor, causing her to fall onto the left side of the body and struck her head. She has experienced back pain radiating into her upper back, left shoulder and left arm. She has also experienced pain to her mid and lower back, with pain radiating into her legs and pain to her left knee and left ankle and right knee and ankle. The diagnoses have included degenerative arthritis, left greater than right knee. She had X-ray and Magnetic Resonance Imaging (MRI). The MRI documents noted severe osteoarthritis in the left knee. The documentation noted on 11/18/14 that the injured worker weight was 255 at 5'5" tall and her wishes were to proceed with left total knee replacement and that documentation noted that "in light of the injured workers size, am prepared to proceed with a bony ingrowth type of total knee replacement". According to the utilization review performed on 12/13/14, the requested Neurontin 600mg #60 between 11/18/14 and 3/10/15 and Doxepin 50mg #60 between 11/18/14 and 3/10/15 has been certified. The requested Norco 10/325mg #90, Prilosec 20mg #30 and Zanaflex 4mg #120 has been non-certified. The CA Chronic Pain Medical Treatment Guidelines (May 2009) and ODG, Pain (Chronic) were used.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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

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 of concern, the documentation supplied for the patient included notes from early 2014 and a more recent note dated December 2014 that does not address the medications

requested. Patient has been taking the requested medications longer than 6 months. There is no record that patient has achieved any meaningful relief of pain in the last 6 months, or that she has had improvement in function with her regimen. 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. Without evidence that Norco use is effective, and without evidence that Norco use is being monitored according to the Guidelines, the Norco is not medically indicated.

Prilosec 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 68.

Decision rationale: Per the MTUS Guidelines, Prilosec and other Proton pump inhibitors can be indicated for use with non-steroidal anti-inflammatory drugs, in those at high risk for gastrointestinal events, or in those on high dose / multiple medications that increase risk of gastrointestinal events. To determine if a patient is at risk for adverse gastrointestinal events, the guidelines establish criteria to consider: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). For the patient of concern, the records do not indicate any diagnosis that would warrant Prilosec use. There is no current documentation that patient takes non-steroidal anti-inflammatory drug which would increase risk of adverse gastrointestinal events. Patient has no known diagnosis of gastrointestinal symptoms. Without evidence that patient takes non-steroidal anti-inflammatory drug or has history of gastrointestinal issues, the request for Prilosec is not medically indicated based on lack of documentation for its need.

Zanaflex 4mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: Per the Guidelines, Zanaflex (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 Zanaflex. For the patient of concern, the record indicates patient has been taking Zanaflex for longer than 1 month. There is a lack of documentation of patient's current complaints for which she would require a muscle relaxer. Without any diagnosis included for which Zanaflex would be indicated and as Zanaflex has no

indication for use longer than 4 weeks, the request for Zanaflex is not medically indicated.