

Case Number:	CM15-0014808		
Date Assigned:	02/04/2015	Date of Injury:	10/28/2009
Decision Date:	03/31/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/26/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

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

This 66 year old woman sustained an industrial injury on 10/28/2009. The mechanism of injury is not detailed. Current diagnoses include low back pain, lumbar disc degeneration, lumbar radiculopathy, and peripheral neuropathy. Treatment has included oral medications, home health care, and epidural steroid injections. Physician notes from the pain specialists dated 1/28/2015 show that the worker is suboptimally managed with her current regimen and the worker is requesting a surgical referral. Tenderness, pain and/or restricted range of motion are mentioned throughout her physical assessment. Recommendations include a referral for lumbar radiculopathy that is not responsive to epidural steroid injections, increasing the Fentanyl patch dose, refilling other medications, and follow up in one month. On 1/13/2015, Utilization Review evaluated prescriptions for Fentanyl 75 mcg #15, Oxycodone 10 mg #180, and Tizanidine 4mg #90, that were submitted on 1/26/2015. The UR physician noted the following: regarding the Fentanyl, there is no documentation of trials with fails of first line therapy and no objective functional benefit. Regarding the Oxycodone, There is no documented functional improvement, regarding the Tizanidine, this medication is recommended for short term therapy and there is no documentation of spasm relief. The MTUS, ACOEM Guidelines, (or ODG) was cited. The requests were denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 75mcg #15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (Fentanyl transdermal system) Page(s): 44 and 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): p61,78.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the 4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). 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." In the 1/28/15 note, Dr [REDACTED] stated "Prescriptions were written in careful consideration of the "4 A's." Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity, and there is documentation that a UDS has been appropriate. I respectfully disagree with the UR physician's assertion that there needs to be documentation of failure of a first line failure before fentanyl becomes medically necessary, as there is documentation of the use of many first line agents.

Oxycodone 10mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 61,78.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids. "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the 4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). 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." Review of the available medical records reveals documentation to support the medical necessity of oxycodone. In the 1/28/15 note, Dr [REDACTED] stated "Prescriptions were written in careful consideration of the "4 A's." Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity, and there is documentation that a UDS has been appropriate.

Tizanidine 4mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/antispasmodic drugs Page(s): p66.

Decision rationale: Per MTUS CPMTG p66 "Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. (Malanga, 2008) Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) 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." The medical records submitted for review indicate that the injured worker suffers from chronic low back pain. I respectfully disagree with the UR physician that this medication is recommended for short term therapy and there is no documentation of spasm relief; this class of medication is often used for the treatment of musculoskeletal conditions whether spasm is present or not, and MTUS does not specify that it is to be used only for short term relief (like other muscle relaxants used for treatment of back pain). The request is medically necessary.