

Case Number:	CM15-0110814		
Date Assigned:	06/17/2015	Date of Injury:	07/13/1994
Decision Date:	07/22/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/09/2015

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: Emergency Medicine

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 52-year-old female, who sustained an industrial injury on 7/13/94. The injured worker was diagnosed as having bulging lumbar disc, lumbar facet arthropathy, post laminectomy syndrome and lumbar spinal stenosis. Treatment to date has included lumbar laminectomy (times 3), intrathecal pain pump implant, oral medications including Oxycodone and Zanaflex and topical Lidoderm patches, epidural steroid injections, medial branch nerve blocks, physical therapy, activity restrictions and home exercise program. Currently, the injured worker complains of constant low back pain with radiation to left lower extremity with numbness, tingling and weakness; she also notes radicular pain radiating to the right knee, she rates her pain as 9/10. She is retired. Physical exam noted positive surgical scars on low back with positive facet loading and slow, right antalgic gait. A request for authorization was submitted for Zanaflex 6mg #180 and Oxycodone 30mg #210.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 6mg #180 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

Decision rationale: The request is for Zanaflex (#180 with 3 refills, essentially a 4 month supply), which is the trade name for tizanidine, which is a muscle relaxant, used to decrease muscle spasm in conditions such as acute low back pain, although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known. Non-sedating muscle relaxants are recommend with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs in pain and overall improvement. In addition, there is no additional benefit shown in combination with non-steroidal anti-inflammatory drugs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. No muscle relaxant is recommended for long-term use, and use beyond 2-3 weeks is unlikely to provide a functional benefit. The request as written far exceeds the recommendations of the MTUS guidelines, and therefore it is not medically necessary.

Oxycodone 30mg #210: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 92, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: The request is for oxycodone, which is an opioid used for the treatment of severe pain. The chronic use of opioids requires the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and 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. The MTUS guidelines support the chronic use of opioids if the injured worker has returned to work and there is a clear overall improvement in pain and function. The treating physician should consider consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psychiatric consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. Opioids appear to be efficacious for the treatment of low back pain, but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to

respond to a time- limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. In regards to the injured worker, there is incomplete documentation of an improvement in pain with the use of opioids, and hence there is incomplete fulfillment of the criteria for use based upon the MTUS guidelines. Furthermore, there has been very poor functional benefit with ongoing use of opioids, without any return to work, with documentation of pain a 9/10, raising concern for hyperalgesia. Therefore, the request as written is not medically necessary.