

Case Number:	CM15-0115223		
Date Assigned:	06/23/2015	Date of Injury:	02/18/2009
Decision Date:	08/31/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/15/2015

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: Physical Medicine & Rehabilitation

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 53 year old male who sustained a work related injury February 18, 2009. Past history included s/p right hip replacement 2001, s/p left hip replacement 2002, revision right total hip replacement April 2010, left below the knee amputation, as a result of a motorcycle accident, 1981, left shoulder arthroscopic debridement and decompression and Mumford procedure, 2012, stump neuroma resection, 2012, right shoulder arthroscopy 2012, and jaw/fascial reconstruction 2015. According to a primary treating physician's progress report, dated May 27, 2015, the injured worker presented with complaints of headaches, jaw/face pain, bilateral shoulder pain, neck and low back pain, left hip and left stump pain. He is noted to be off NSAID's (non-steroidal anti-inflammatory drugs) as he is scheduled for right shoulder surgery, which has caused worsening pain. Objective findings included decreased painful range of motion of the neck and back. He walks with a mildly antalgic gait with a left lower leg prosthesis. Diagnoses are chronic pain syndrome, worse; cervical spine and lumbar spine HNP(herniated nucleus pulposus) worse; cervical radiculitis; lumbar radiculitis, worse; hips fracture, worse; headache, worse; shoulder internal derangement, worse. At issue, is a request for authorization for Lorzone, Percocet, Sonata, and Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sonata 10mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter under Zaleplon Sonata.

Decision rationale: The 53 year old patient presents with headaches, jaw pain, bilateral shoulder pain, neck and low back pain, left hip pain, and left stump pain, rated at 4-9/10, as per progress report dated 05/27/15. The request is for SONATA 10 mg # 30. The RFA for this case is dated 06/05/15, and the patient's date of injury is 02/18/09. The patient is status post total right hip revision in 2010, status post left carpal tunnel release, status post stump neuroma resection in 2012, status post right shoulder arthroscopy in 2012, and status post jaw/fascial reconstruction in 2015, as per progress report dated 05/27/15. Diagnoses included chronic pain syndrome, cervical spine HNP, cervical radiculitis, lumbar spine HNP, lumbar radiculitis, hip fracture, headache, shoulder internal derangement, and secondary insomnia. Current medications included Percocet, Lyrica, Viagra, Prilosec, Cymbalta, Lidoderm patch, Sonata and Lorzone. The patient has been allowed to return to modified work, as per the same progress report. ODG guideline Mental Illness and Stress Chapter states "Zaleplon Sonata reduces sleep latency; because of its short half-life one hour, may be re-administered upon nocturnal waking provided it is administered at least 4 hours before wake time. This medication has a rapid onset of action. Short-term use 7-10 days is indicated with a controlled trial showing effectiveness for up to 5 weeks." In this case, the patient has been diagnosed with chronic pain and insomnia secondary to chronic pain. The use of Sonata is first noted in progress report dated 05/06/15. The request is again noted in progress report dated 05/27/15. The treater, however, does not document efficacy after the initial use. Additionally, ODG does not recommend long-term use of this medication beyond a 7-10 day period. Hence, the request IS NOT medically necessary.

Lorzone 750mg #10: Upheld

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 muscle relaxants for pain Page(s): 63.

Decision rationale: The 53 year old patient presents with headaches, jaw pain, bilateral shoulder pain, neck and low back pain, left hip pain, and left stump pain, rated at 4-9/10, as per progress report dated 05/27/15. The request is for LORZONE 750 mg # 10. The RFA for this case is dated 06/05/15, and the patient's date of injury is 02/18/09. The patient is status post total right hip revision in 2010, status post left carpal tunnel release, status post stump neuroma resection in 2012, status post right shoulder arthroscopy in 2012, and status post jaw/fascial reconstruction in 2015, as per progress report dated 05/27/15. Diagnoses included chronic pain syndrome, cervical

spine HNP, cervical radiculitis, lumbar spine HNP, lumbar radiculitis, hip fracture, headache, shoulder internal derangement, and secondary insomnia. Current medications included Percocet, Lyrica, Viagra, Prilosec, Cymbalta, Lidoderm patch, Sonata and Lorzone. The patient has been allowed to return to modified work, as per the same progress report. Regarding muscle relaxants for pain, MTUS Guidelines, page 63 states, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen." The request for Lozone is first noted in progress report dated 04/08/15. The treater, however, does not document efficacy in terms of reduction in pain and improvement in function. Additionally, MTUS guidelines do not support long-term use of muscle relaxants such as this for pain, and generally only support use for 2-3 weeks in the acute phase. Hence, the request IS NOT medically necessary.

Percocet 10/325mg #144: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, criteria for use of opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The 53 year old patient presents with headaches, jaw pain, bilateral shoulder pain, neck and low back pain, left hip pain, and left stump pain, rated at 4-9/10, as per progress report dated 05/27/15. The request is for PERCOCET 10/325 mg #144. The RFA for this case is dated 06/05/15, and the patient's date of injury is 02/18/09. The patient is status post total right hip revision in 2010, status post left carpal tunnel release, status post stump neuroma resection in 2012, status post right shoulder arthroscopy in 2012, and status post jaw/fascial reconstruction in 2015, as per progress report dated 05/27/15. Diagnoses included chronic pain syndrome, cervical spine HNP, cervical radiculitis, lumbar spine HNP, lumbar radiculitis, hip fracture, headache, shoulder internal derangement, and secondary insomnia. Current medications included Percocet, Lyrica, Viagra, Prilosec, Cymbalta, Lidoderm patch, Sonata and Lorzone. The patient has been allowed to return to modified work, as per the same progress report. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS 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. MTUS p 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." In this case, the patient has been using Percocet at least since 11/11/14. As per progress report dated 03/09/15, the medication helps reduce pain from 8/10 to 4/10. The report states that "the patient's functional improvements include performing home exercises, being able to walk longer, help cook, clean, and do laundry." As per the same report, the patient has undergone psychological assessment and is not getting the opioid from another source. There are no side effects from the

medication. An UDS, dated 05/12/15, was consistent, as per progress report dated 05/27/15. Oswestry score was 80% without medications and 38% with medications, indicating improved function. In this report, the treater also states that the patient's Percocet was denied which led to an increase in pain. However, given the clear discussion regarding four As, including analgesia, ADLs, aberrant behavior, and adverse side effects, the request for Percocet appears reasonable and IS medically necessary.

Zanaflex 4mg #15: 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 Muscle Relaxants for pain, anti-spasticity/anti-spasmodic drugs, Medications for Chronic Pain Page(s): 66, 60.

Decision rationale: The 53 year old patient presents with headaches, jaw pain, bilateral shoulder pain, neck and low back pain, left hip pain, and left stump pain, rated at 4-9/10, as per progress report dated 05/27/15. The request is for ZANAFLEX 4mg # 15. The RFA for this case is dated 06/05/15, and the patient's date of injury is 02/18/09. The patient is status post total right hip revision in 2010, status post left carpal tunnel release, status post stump neuroma resection in 2012, status post right shoulder arthroscopy in 2012, and status post jaw/fascial reconstruction in 2015, as per progress report dated 05/27/15. Diagnoses included chronic pain syndrome, cervical spine HNP, cervical radiculitis, lumbar spine HNP, lumbar radiculitis, hip fracture, headache, shoulder internal derangement, and secondary insomnia. Current medications included Pecocet, Lyrica, Viagra, Prilosec, Cymbalta, Lidoderm patch, Sonata and Lorzone. The patient has been allowed to return to modified work, as per the same progress report. MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain, pg 66: "ANTISPASTICITY/ ANTISPASMODIC DRUGS: Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. 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." MTUS p 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, the request for a trial of Zanaflex is only noted in progress report dated 05/27/15. Prior reports document the use of other muscle relaxants such as Amrix and Lorzone. In the 05/27/15 report, the treater also states that Amrix "is helpful but it is reasonable to try a different medication for the occasional use for the management of muscle spasms." Given the patient's symptoms, the trial for Zanaflex appears reasonable. Hence, the request for #15 IS medically necessary.