

Case Number:	CM15-0123164		
Date Assigned:	07/07/2015	Date of Injury:	04/13/2007
Decision Date:	08/24/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/25/2015

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: Florida
 Certification(s)/Specialty: Neurology, 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:

The injured worker is a 58 year old female, who sustained an industrial injury on 4/13/2007. The details of the initial injury and prior treatments to date were not included in the medical records submitted for this review. Diagnoses include lumbar/cervical discogenic disease, lumbar/cervical facet syndrome. Currently, she complained of low back pain with radiation to the lower extremities, pain in the neck and bilateral shoulders, and difficulty sleeping. On 4/16/15, the physical examination documented decreased range of motion in the lumbar spine and painful range of motion in the cervical spine. There was tenderness and she was unable to heel or toe walk. The plan of care included Hydrocodone/APAP 10/325mg #120; Celebrex 200mg #30; and Tizanidine 4mg #150.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone Acetaminophen 10/325mg quantity 120: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, opioids.

Decision rationale: The medical records report ongoing pain that is helped subjectively by continued use of opioid. The medical records do not indicate or document any formal opioid risk mitigation tool use or assessment or indicate use of UDS or other risk tool. ODG supports 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. Given the medical records do not document such ongoing monitoring, the medical records do not support the continued use of opioids such as hydrocodone/acetaminophen. Therefore this request is not medically necessary.

Celebrex/Celecoxib 200mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

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

Decision rationale: The medical records provided for review support a condition of musculoskeletal pain and does not document specific functional gain in regard to benefit from therapy including the NSAID. MTUS supports the use of an NSAID for pain (mild to moderate) in relation to musculoskeletal type but there is no evidence of long term effectiveness for pain. Moreover, the medical records do not reflect a condition of intolerance due to GI side effects or h/o GERD, or ulcers and as such does not support the use of selective COX2 inhibitor of celebrex for the insured. Therefore this request is not medically necessary.

Tizanidine 4mg quantity 150: 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 anti-spasticity drugs Page(s): 66.

Decision rationale: The medical records provided for review do not demonstrated physical exam findings consistent with spasticity or muscle spasm or myofascial spasm. MTUS supports zanaflex for the treatment of muscle spasm and spasticity. As such the medical records do not support the use of zanaflex congruent with MTUS. Therefore this request is not medically necessary.

Lyrica 50mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines lyrica Page(s): 99.

Decision rationale: The medical records report a condition of musculoskeletal pain but no indication of a neuropathic pain condition. MTUS supports the use of Lyrica for neuropathic pain conditions. As the medical records do not indicate specific neuropathic pain condition, the medical records do not support the use of lyrica at this time. Therefore this request is not medically necessary,