

Case Number:	CM15-0129324		
Date Assigned:	07/22/2015	Date of Injury:	07/06/2009
Decision Date:	09/15/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/03/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 47-year-old male, who sustained an industrial injury on July 6, 2009. He reported neck and low back pain. The injured worker was diagnosed as having lumbar facet arthropathy, cervical radiculitis, status post lumbar fusion, lumbosacral spondylosis without myelopathy, chronic pain, unspecified pruritic disorder, brachial neuritis or radiculitis and unspecified back disorder. Treatment to date has included diagnostic studies, radiographic imaging, and surgical intervention of the lumbar spine, steroid epidural therapy of the lumbar spine, conservative care, aqua therapy, facet joint block, medications and work restrictions. Currently, the injured worker complains of continued headaches, neck pain, bilateral knee pain and low back pain with radiating, pain, tingling and numbness to bilateral lower extremities. He also noted associated insomnia and erectile dysfunction. The injured worker reported an industrial injury in 2009, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on May 7, 2015, revealed continued pain as noted with associated symptoms. He reported the pain was worse since the last visit effecting, sleep, sex, activities of daily living and self-care. He rated his pain at 6 on a visual analog scale (VAS) with 10 being the worst and 0 being no pain at all. He noted improvement with pain medications and rest. He used a cane for ambulation. The physician noted the injured worker had developed an opioid tolerance and that previous trials to wean from opioids have been unsuccessful. It was noted he had an increase in pain and a decreased ability to perform activities of daily living during the weaning phase however there were no noted pain assessments or objective measurements to indicate a failed response to weaning. Medications were continued. Evaluation on June 3, 2015, revealed daily neck pain in the mornings rated at a 9 on the VAS scale without medications and at 5 with medications.

He rated his headaches at 8 on the VAS. He continued to experience pain with associated depression and anxiety. Butrans 15mcg/hy Qty: 4 Refills: 1, Hydroxyzine Hcl 25mg Qty: 30, Norco 10/325mg Qty: 90 Refills: 0, Tizanidine 4mg Qty: 60 Refill: 1 and Viagra 100mg Qty: 10 Refill: 1 were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg Qty: 90 Refills: 0: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the CA MTUS and ODG, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. There is no documentation of significant pain relief or increased function from the opioids used to date. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Butrans 15mcg/hy Qty: 4 Refills: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97.

Decision rationale: Butrans (Buprenorphine) is a schedule-III controlled substance. Its mechanism of action is complex, involving four different opioid receptors at central and peripheral sites. It blocks effects of subsequently administered opioid agonists. Butrans is recommended as an option for the treatment of chronic pain in selected patients (not first-line for all patients) including, with a hyperalgesic component to pain, patients with centrally mediated pain, and patients with neuropathic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. Medical necessity of the requested medication has not been

established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Viagra 100mg Qty: 10 Refill: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014.

Decision rationale: Sildenafil (Viagra) is a medication used to treat erectile dysfunction and pulmonary arterial hypertension. It acts by inhibiting cGMP-specific phosphodiesterase type 5 (PDE5), an enzyme that promotes degradation of cGMP, which regulates blood flow in the penis. The documentation indicates that the patient has erectile dysfunction, but there is no documentation indicating that this is the result of the use of opioid medication. In addition, there has been no Urologic evaluation. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Tizanidine 4mg Qty: 60 Refill: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 66.

Decision rationale: Tizanidine (Zanaflex) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. It is indicated for the treatment of chronic myofascial pain and considered an adjunct treatment for fibromyalgia. According to CA MTUS Guidelines, muscle relaxants have not been considered any more effective than non-steroidal anti-inflammatory drugs (NSAIDs) for pain or overall improvement. There is no additional benefit shown in combination with NSAIDs. In addition, sedation is the most commonly reported adverse effect of muscle relaxant medications. In this case, the patient has no reported muscle spasm on physical exam. Also, the guideline criteria do not support the long-term use of muscle relaxants. Medical necessity for the requested medication has not been established. Tizanidine is not medically necessary.

Hydroxyzine Hcl 25mg Qty: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Hydroxyzine (Atarax) is used as a sedative to treat anxiety and tension. It also acts as an antihistamine and used to treat allergic skin reactions. In this case, there is no documentation that the patient has significant anxiety or allergic conditions to warrant the use of this medication. Medical necessity for Hydroxyzine has not been established. The requested medication is not medically necessary.