

Case Number:	CM15-0177040		
Date Assigned:	09/17/2015	Date of Injury:	08/24/2007
Decision Date:	11/04/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/09/2015

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: 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 56 year old female, who sustained an industrial injury on 08-24-2007. She has reported subsequent neck and bilateral upper extremity pain and was diagnosed with cervical degenerative disc disease, cervical, thoracic and bilateral shoulder strain status post cervical fusion with residuals. Treatment to date has included or and topical pain medication, cervical epidural steroid injections, transcutaneous electrical nerve stimulator (TENS), application of ice and surgery, which were noted to have failed to significantly relieve the pain. Documentation shows that Opana and Methadone were prescribed since at least 05-2014. There was mention of a prescription of Zanaflex as far back as 2004 but the most recent progress notes do not list this as an active medication. In a progress note dated 07-23-2015, the injured worker reported 8 out of 10 cervical and thoracic pain without medication and 6 out of 10 pain with medication. The injured worker reported that condition since the last visit had gotten worse and that pain and depression from pain was causing severe anxiety and requested Xanax to help get through stress. There were no objective examination findings documented. The injured worker was noted as being off work. A request for authorization of Zanaflex, Xanax, Methadone and Opana was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Zanaflex (Tizanidine) 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 the 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. Also, the guideline criteria do not support the long-term (>2 wks) use of muscle relaxants. In this case, there has been long-term use of this medication without evidence of improvement in pain or functionality. Medical necessity for the requested medication has not been established. The requested Zanaflex is not medically necessary.

Xanax: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: According to CA MTUS Guidelines, benzodiazepines are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. Xanax (Alprazolam) is a short-acting benzodiazepine, having anxiolytic, sedative, and hypnotic properties. Most guidelines limit use of this medication to four weeks. The MTUS does not recommend benzodiazepines for long-term use for any condition. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Medical necessity for the requested medication was not established. The requested medication was not medically necessary.

Methadone: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Methadone, Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids, Methadone.

Decision rationale: Methadone is recommended as a second-line drug for moderate to severe pain, only if the potential benefit outweighs the risk. The FDA reports that they have received reports of severe morbidity and mortality with this medication. This appears, in part, secondary to the long half-life of the drug (8-59 hours). Pain relief on the other hand, only lasts from 4-8 hours. Genetic differences appear to influence how an individual will respond to this medication. Delayed adverse effects may occur due to methadone accumulation during chronic administration. Systemic toxicity is more likely to occur in patients previously exposed to high doses of opioids. Multiple potential drug-drug interactions can occur with the use of Methadone. This drug should be reserved for use by experienced practitioners, including pain medicine or addiction specialists. Methadone is considered useful for treatment when there is evidence of tolerance to other opiate agonists or when there is evidence of intractable side effects due to opiates.

Opana: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids.

Decision rationale: Opana ER (Hydromorphone/Dilaudid) is a semi-synthetic opioid analgesic, which affects the central nervous system and is indicated for the treatment of moderate to severe pain. According to California MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opiate, and the duration of pain relief. There is insufficient evidence in the clinical literature that long-term use of narcotic medications results in any functional improvement. In this case, the documentation provided for review did not identify any particular functional improvement obtained with the ongoing use of Opana ER. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.