

Case Number:	CM15-0179732		
Date Assigned:	09/21/2015	Date of Injury:	12/14/2009
Decision Date:	11/16/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/13/2015

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, 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:

This is a 55 year old female with a date of injury on 12-14-2009. A review of the medical records indicates that the injured worker is undergoing treatment for reflex sympathetic dystrophy lower limb, unspecified neuralgia, neuritis and radiculitis, spasm of muscle and pain in joint, ankle and foot. Medical records (2-26-2015 to 8-17-2015) indicate ongoing left foot-ankle pain rated six to seven out of ten. She rated her functional level six to eight out of ten. According to the progress report dated 8-17-2015, the injured worker reported that all medications were being denied and she was taking Tylenol over the counter. She reported sleeping three to four hours per night. She rated her average pain six to seven out of ten. The physical exam (8-17-2015) revealed "ongoing symptoms of neuropathic pain with classic symptoms of complex regional pain syndrome (CRPS) of the left lower extremity." She had left foot weakness with extension. Treatment has included surgery and medications. Per the progress report dated 2-26-2016, the injured worker was been prescribed Nucynta ER and Zanaflex; Baclofen was on hold and Requip was recommended. Medications tried and failed included Lyrica, Dilaudid, Lidoderm patches, Butrans, Voltaren gel, Cymbalta, Limbrel, Gralise, Lunesta and Duexis. The original Utilization Review (UR) (8-27-2015) modified a request for Nucynta ER 150mg #30 to #24. UR modified a request for Zanaflex 4mg #30 to #15. UR modified a request for Baclofen 10mg #60 to #30. UR non-certified a request for Requip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 150mg #30: 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 (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "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 nonadherent) 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." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did not adequately document monitoring of the four domains. Improvement in function was not clearly outlined. The MTUS defines this as a clinical significant improvement in activities of daily living or a reduction in work restrictions. Furthermore, on page 88 of the CPMTG, there is a recommendation in long term opioid use of the following: "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." Given this, the medical necessity of this request cannot be established at this time. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication.

Zanaflex 4mg #30: 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: Regarding the request for Tizanidine (Zanaflex), Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Tizanidine specifically is FDA approved for management of spasticity; unlabeled use for low back pain. Guidelines recommend LFT monitoring at baseline, 1, 3, and 6 months. Within the documentation available for review, the patient has ongoing use of both Zanaflex and

Baclofen without clearly stated rationale of why two different muscle relaxants are indicated. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. This worker has long standing chronic pain. Given this, the currently requested Tizanidine (Zanaflex), is not medically necessary.

Baclofen 10mg #60: 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: Regarding the request for Baclofen, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Baclofen specifically is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Baclofen. The patient has ongoing use of both Zanaflex and Baclofen without clearly stated rationale of why two different muscle relaxants are indicated. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Given this, the currently requested Baclofen is not medically necessary.

Requip 0.5mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Restless legs syndrome (RLS).

Decision rationale: Regarding the request for Requip, it should be noted that this medication was previously partially certified for a 2-month supply. California MTUS does not address the issue. ODG cites that dopamine agonists such as Requip (ropinirole) and Mirapex (pramipexole) are not considered first-line treatment and should be reserved for patients who have been unresponsive to other treatment. Within the documentation available for review, there is no documentation of symptoms or diagnosis of restless leg syndrome. Furthermore, there is no documentation of failure of first-line treatment. In the absence of such documentation, the currently requested Requip is not medically necessary.