

Case Number:	CM15-0028131		
Date Assigned:	02/23/2015	Date of Injury:	02/10/2004
Decision Date:	04/02/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/13/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 57 year old male, who sustained an industrial injury on February 10, 2004. He sustained spinal injuries when involved in a motor vehicle accident. The diagnoses have included T4 compression fracture, T12 burst fracture, and chronic pain syndrome. Treatment to date has included thoracic-lumbar fusion, medication, lumbar medial branch radiofrequency neurotomy, physical therapy and medication. Currently, the injured worker complains of continued low back pain and rated his pain with medications as a 5 on a 10 point. He reported that his sleep was poor. He reported that his activity level had not changed. On examination, he has restricted range of motion of the cervical spine, thoracic spine and lumbar spine. He has tenderness to palpation over the cervical, thoracic and lumbar paravertebral muscles. On January 16, 2015 Utilization Review modified a request for Zanaflex 2 mg #60, MS Contin 30 mg #60, MS Contin #120, Oxycodone 15 mg #180, noting that the medications were modified to allow for weaning purposes. The California Medical Treatment Utilization Schedule was cited. On February 13, 2015, the injured worker submitted an application for IMR for review of Zanaflex 2 mg #60, MS Contin 30 mg #60, MS Contin #120, Oxycodone 15 mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 2 mg Qty 60 with 1 refill (Take 1-2 at bedtime as needed): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/ Antispasmodic Drugs Page(s): 66.

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

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was evidence of chronic use of Zanaflex, and although there were ongoing muscle spasm and tenderness, there was insufficient evidence to support the continued use on a chronic basis, which is not a recommended way to use this medication class. Therefore, the Zanaflex will be considered medically unnecessary to continue on a chronic basis.

MS Contin 30 mg Qty 60 with 1 refill (Take 1 twice daily, morning & evening): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. Also, the MTUS Chronic Pain Guidelines recommend that dosing of opioids not exceed 120 mg of oral morphine equivalents per day, and only with a pain specialist would exceeding this amount be considered. Continuation of opioids may be recommended when the patient has returned to work and/or if the patient has improved function and pain. In the case of this worker, the potential morphine equivalent dosing approached 315 mg, which is far beyond the recommended dosing. There was also insufficient documented evidence that this full review considering chronic opioid use was completed. Although vague reporting of increased ability to perform some activities from medication use, in particular, there was insufficient documentation to show measurable functional gains and specific pain-reductions with the regular use of MS Contin, independently to help justify its continuation. Therefore, the MS Contin will be considered medically unnecessary. Weaning may be indicated.

MS Contin 60mg Qty 120 with 1 refill (Take 1 twice daily, morning & evening): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. Also, the MTUS Chronic Pain Guidelines recommend that dosing of opioids not exceed 120 mg of oral morphine equivalents per day, and only with a pain specialist would exceeding this amount be considered. Continuation of opioids may be recommended when the patient has returned to work and/or if the patient has improved function and pain. In the case of this worker, the potential morphine equivalent dosing approached 315 mg, which is far beyond the recommended dosing. There was also insufficient documented evidence that this full review considering chronic opioid use was completed. Although vague reporting of increased ability to perform some activities from medication use, in particular, there was insufficient documentation to show measurable functional gains and specific pain-reductions with the regular use of MS Contin, independently to help justify its continuation. Therefore, the MS Contin will be considered medically unnecessary. Weaning may be indicated.

Oxycodone 15mg Qty 180 with 1 refill (Take 1 every 4-6 hours as needed for pain): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with

documentation to justify continuation. Also, the MTUS Chronic Pain Guidelines recommend that dosing of opioids not exceed 120 mg of oral morphine equivalents per day, and only with a pain specialist would exceeding this amount be considered. Continuation of opioids may be recommended when the patient has returned to work and/or if the patient has improved function and pain. In the case of this worker, the potential morphine equivalent dosing approached 315 mg, which is far beyond the recommended dosing. There was also insufficient documented evidence that this full review considering chronic opioid use was completed. Although vague reporting of increased ability to perform some activities from medication use, in particular, there was insufficient documentation to show measurable functional gains and specific pain-reductions with the regular use of the oxycodone independently to help justify its continuation. Therefore, the oxycodone will be considered medically unnecessary. Weaning may be indicated.