

Case Number:	CM15-0068107		
Date Assigned:	04/15/2015	Date of Injury:	07/18/1994
Decision Date:	06/29/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/10/2015

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

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 53 year old female sustained an industrial injury to the neck, back, knee and shoulder on 7/18/94. Previous treatment included magnetic resonance imaging, right knee surgeries, shoulder surgeries, physical therapy, knee brace, heat/ice, injections and medications. In a visit note dated 3/10/15, the injured worker complained of worsening low back pain with radiation to the right lower extremity associated with numbness and neck pain with radiation to bilateral upper extremity associated with tingling and numbness. The injured worker reported that the pain was worse because she ran out of Norco 10 days early and due to the cold weather. Current diagnoses included chronic pain syndrome, cervical spine degenerative disc disease, knee pain, lumbar spine degenerative disc disease and shoulder pain. The treatment plan included medications (Norco, Zanaflex and Fentanyl).

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Transdermal Patch 50mcg QTY 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 and 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The 53 year old patient presents with worsening back pain radiating to right lower extremity, neck pain radiating to bilateral upper extremities, depression and sleep disturbances, as per progress report dated 03/10/15. The request is for fentanyl transdermal patch 50mcg qty 10. The RFA for the case is dated 03/10/15, and the patient's date of injury is 07/18/94. The patient is status post knee surgery, shoulder surgery and ankle surgery, as per progress report dated 03/10/15. Diagnoses included chronic pain syndrome, degeneration of cervical intervertebral disc, knee pain, degeneration of lumbar intervertebral disc, and shoulder joint pain. Medications included Norco, Tizanidine, Trazodone, Fentanyl patch, Lidoderm patch, Docusate sodium, Miralax, and Wal-Zan. The patient's work status had been determined as permanent and stationary. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, a prescription for Fentanyl patch is first noted in progress report dated 11/12/14, and the patient has been taking the medication consistently at least since then. In progress report dated 03/10/15, the treater recommends continuation of the patch as the patient "always has them on her on exam, with glue marks from the patch." In progress report dated 01/21/15, the treater states that Fentanyl patch helps reduce Norco use occasionally. In progress report dated 03/10/15, the treater also states, "ADLs improve with medication." The physician, however, does not use a numerical scale to show decrease in pain nor does the treater provide specific examples that indicate increase in function. No CURES and UDS reports are available for review. MTUS requires a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and adverse behavior. Hence, the request is not medically necessary.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Opioids, criteria for use Page(s): 78-80, 124 and 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The 53 year old patient presents with worsening back pain radiating to right lower extremity, neck pain radiating to bilateral upper extremities, depression and sleep disturbances, as per progress report dated 03/10/15. The request is for Norco 10/325mg #60. The RFA for the case is dated 03/10/15, and the patient's date of injury is 07/18/94. The patient is status post knee surgery, shoulder surgery and ankle surgery, as per progress report dated 03/10/15. Diagnoses included chronic pain syndrome, degeneration of cervical intervertebral disc, knee pain, degeneration of lumbar intervertebral disc, and shoulder joint pain. Medications included Norco, Tizanidine, Trazodone, Fentanyl patch, Lidoderm patch, Docusate sodium, Miralax, and Wal-Zan. The patient's work status had been determined as permanent and

stationary. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, a prescription for Norco is first noted in progress report dated 11/12/14, and the patient has been taking the medication consistently at least since then. In progress report dated 03/10/15, the treater states "Norco does help." However, the patient ran out of the medication 10 days before the appointment. Hence, UDS was not performed. The quantity of Norco was reduced from #120 to #60 at the 01/02/15 visit, as the patient was not taking the medication on a daily basis. The patient, nonetheless, ran out of the medication 10 early, as per progress report dated 01/02/15 as well. In progress report dated 03/10/15, the treater also states that "ADLs improve with medication." The treater, however, does not use a numerical scale to show decrease in pain nor does the treater provide specific examples that indicate increase in function. No CURES and UDS reports are available for review. MTUS requires a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and adverse behavior. Hence, the request is not medically necessary.

Trazodone 50mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13 and 14.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Stress/mental chapter, Trazodone.

Decision rationale: The 53 year old patient presents with worsening back pain radiating to right lower extremity, neck pain radiating to bilateral upper extremities, depression and sleep disturbances, as per progress report dated 03/10/15. The request is for Trazodone 50mg #30. The RFA for the case is dated 03/10/15, and the patient's date of injury is 07/18/94. The patient is status post knee surgery, shoulder surgery and ankle surgery, as per progress report dated 03/10/15. Diagnoses included chronic pain syndrome, degeneration of cervical intervertebral disc, knee pain, degeneration of lumbar intervertebral disc, and shoulder joint pain. Medications included Norco, Tizanidine, Trazodone, Fentanyl patch, Lidoderm patch, Docusate sodium, Miralax, and Wal-Zan. The patient's work status had been determined as permanent and stationary. ODG Guidelines, stress/mental chapter, for Trazodone, has the following to say "Recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. See also Insomnia treatment, where it says there is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression." In this case, a prescription for Trazodone is noted in progress report dated 11/12/14, and the patient has been taking the medication consistently at least since then. While insomnia is not part of the patient's diagnoses, progress report dated 03/10/15 states that the patient suffers from depression and sleep disturbances. ODG guidelines allow the use of Trazodone in patients with sleep disturbances and coexisting depression. Hence, this request is medically necessary.

Tizanidine 4mg #120 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain), Antispasticity/Antispasmodics Page(s): 63 and 66.

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

Decision rationale: The 53 year old patient presents with worsening back pain radiating to right lower extremity, neck pain radiating to bilateral upper extremities, depression and sleep disturbances, as per progress report dated 03/10/15. The request is for Tizanidine 4mg #120 with 5 refills. The RFA for the case is dated 03/10/15, and the patient's date of injury is 07/18/94. The patient is status post knee surgery, shoulder surgery and ankle surgery, as per progress report dated 03/10/15. Diagnoses included chronic pain syndrome, degeneration of cervical intervertebral disc, knee pain, degeneration of lumbar intervertebral disc, and shoulder joint pain. Medications included Norco, Tizanidine, Trazodone, Fentanyl patch, Lidoderm patch, Docusate sodium, Miralax, and Wal-Zan. The patient's work status had been determined as permanent and stationary. MTUS Guidelines pages 63 through 66 state "recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain." They also state, "This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects." In this case, a prescription for Tizanidine is first noted in progress report dated 11/12/14, and the patient has been using the muscle relaxant consistently at least since then. The treating physician, however, does not document an improvement in function or a reduction in pain due to Tizanidine use. MTUS guidelines page 60 require recording of pain and function when medications are used for chronic pain. Hence, the request for Tizanidine # 120 with 5 refills is not medically necessary.