

Case Number:	CM15-0073035		
Date Assigned:	04/23/2015	Date of Injury:	06/12/1995
Decision Date:	06/18/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/16/2015

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 53 year old male who sustained a work related injury June 12, 1995. Past history included bladder carcinoma, hearing loss left ear, hepatitis C, and chronic pain syndrome with depression. According to a supplemental report from a pain practice physician, dated February 10, 2015, the injured worker presented with continued contracture in the left upper and lower extremity with atrophy and myelopathy. A recent MRI through private insurance revealed a diagnosis of multiple sclerosis with plaques noted. He was started on Avonex for treatment. Physical examination revealed he is in a wheel chair and chronically ill. There is improvement in the severe dental decay following oral surgery. He has severe left upper extremity wasting, clawing, and weakness. There is severe left lower extremity extensor spasticity and clonus in both lower extremities, and contracture of the left foot in inversion and plantar flexion. Diagnoses included multiple sclerosis; post-laminectomy syndrome; narcotic dependency; and left upper and lower extremity hemiplegia. Treatment plan included continuous home care assistance, and request for medical management with Opana ER, Baclofen, Lyrica, and Tizanidine HCL (hydrochloride).

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine HCL (hydrochloride) 4 mg Qty for 90 days: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 16, 64-66, 75-93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 68.

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 CA MTUS Guidelines, muscle relaxants have not been considered any more effective than non-steroidal anti-inflammatory drugs (NSAIDs) for pain or overall improvement. In this case, the patient has a diagnosis of multiple sclerosis with contractures in the left upper and left lower extremity with atrophy and myelopathy. In addition, there is left lower extremity extensor spasticity and clonus in both lower extremities on physical exam. Zanaflex is part of the patient's medical regimen. Medical necessity for the requested medication has been established. Zanaflex is medically necessary.

Lyrica (Pregabalin) 100 mg capsules Qty 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16, 64-66, 75-93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 58.

Decision rationale: According to California MTUS Guidelines, anti-epilepsy drugs (AEDs) are a first-line treatment for neuropathic pain. Lyrica is FDA approved for diabetic neuropathy and post-herpetic neuralgia and has been used effectively for the treatment of other neuropathic pain. The guidelines indicate a good to moderate response to the use of Lyrica is a 30-50% reduction in pain. In this case, the patient has a diagnosis of multiple sclerosis with contractures in the left upper and left lower extremity with atrophy and myelopathy. In addition, there is left lower extremity extensor spasticity and clonus in both lower extremities on physical exam. Lyrica is part of the patient's medical regimen. Medical necessity for the requested medication has been established. Lyrica is medically necessary.

Baclofen 10 mg Qty 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodic Page(s): 16, 64-66, 75-93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Muscle Relaxants.

Decision rationale: The California MTUS Guidelines and the ODG recommends non-sedating muscle relaxants, such as Baclofen, with caution as a second-line option for short-term treatment of acute low back pain(LBP), and for short-term (<2 weeks) treatment of acute exacerbations in patients with chronic LBP. The mechanism of action is blockade of the pre- and post-synaptic GABA receptors. It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. It is also a first-line option for the treatment of dystonia. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain. In this case, the patient has a diagnosis of multiple sclerosis with contractures in the left upper and left lower extremity with atrophy and myelopathy. In addition, there is left lower extremity extensor spasticity and clonus in both lower extremities on physical exam. Baclofen is part of the patient's medical regimen. Medical necessity for the requested medication has been established. Baclofen is medically necessary.

Opana ER (extended release) 40 mg (Oxymorphone HCl) Tabs Qty 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 16, 64-66, 75-93.

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

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. In this case, the patient has a diagnosis of chronic pain and Multiple Sclerosis with contractures in the left upper and left lower extremity with atrophy and myelopathy. In addition, there is left lower extremity extensor spasticity and clonus in both lower extremities on physical exam. There has been documentation of this medication's analgesic effectiveness and clear documentation that the patient has responded to ongoing opioid therapy. The requested treatment with Opana ER is medically necessary. Medical necessity for the requested medication has been established. Opana ER is medically necessary.