

Case Number:	CM15-0093753		
Date Assigned:	05/20/2015	Date of Injury:	03/01/2001
Decision Date:	09/22/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/15/2015

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:

The injured worker is a 47 year old female, who sustained an industrial injury on March 1, 2001. She reported a repetitive motion work related injury resulting in bilateral upper extremity shoulder strain, cervical spine strain, subsequent bilateral carpal tunnel syndrome, and bilateral ulnar nerve damage. The injured worker was diagnosed as having cervical herniated disc, cervical spinal stenosis, cervicgia, shoulder joint pain, cervical radiculopathy, and muscle spasm. Treatment to date has included epidural steroid injections (ESIs), TENS, and medication. Currently, the injured worker complains of neck and bilateral upper extremity pain. The Treating Physician's report dated April 15, 2015, noted the injured worker reported she had better control of her overall pain process, using wrist guards at night and occasional cervical collar at night, with symptomatic and restorative function of her neck pain and bilateral upper extremity pain with her current medications. Physical examination was noted to show the cervical range of motion (ROM) improved since previous visit, with decreased tightness and spasm noted in the sub-occipital muscles and bilateral paracervical muscles. The injured worker was noted to have chronic work related pain due to multilevel cervical disc disease with myofascial pain and bilateral shoulder pain, and cervicogenically medicated headache/migraines. The treatment plan was noted to include a refill of medications including Klonopin, Oxycodone, OxyContin, Senna, Topamax, Trazodone, Valium, and Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 1mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24, 66, 78-102.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, under Benzodiazepine.

Decision rationale: This patient presents with chronic neck pain and bilateral upper extremity pain. The current request is for Klonopin 1mg #60. The RFA is dated 04/16/15. Treatment to date has included epidural steroid injections (ESIs), TENS, and medication. ODG guidelines, under the Pain Chapter, regarding Benzodiazepine has the following regarding insomnia treatments: "Not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks." MTUS Guidelines under Benzodiazepines on page 24 states, "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." According to progress report 04/15/15, the patient presents with neck and bilateral upper extremity pain. The patient also reports headaches/migraines. Physical examination was noted to show the cervical range of motion (ROM) improved since previous visit, with decreased tightness and spasm noted in the sub-occipital muscles and bilateral paracervical muscles. The treater recommends a refill of medications. The patient has been utilizing Klonopin for sleep restoration since at least 12/24/14. While it is evident that the patient suffers from some sleep issues, both MTUS and ODG guidelines do not support the long-term use of benzodiazepines. Hence, this request IS NOT medically necessary.

Oxycodone 10mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone, Percocet (Oxycodone & Acetaminophen) Page(s): 24, 66, 78-102.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: This patient presents with chronic neck pain and bilateral upper extremity pain. The current request is for Oxycodone 10mg #120. The RFA is dated 04/16/15. Treatment to date has included epidural steroid injections (ESIs), TENS, and medication. 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. MTUS page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." The patient has been taking Oxycontin 10mg four times a day, concurrently with Oxycontin 15mg 1 tablet twice since at least 12/24/14. The treating physician states one is for round the clock pain control and other for breakthrough pain. Per report 04/15/15, with the use of medications the patient is able to ambulate, groom, cook, clean, shop, do light laundry, and she is able to care for her son. The patient reports that medications reduce her pain by greater than 50%. There are no adverse side effects and she is monitored via random UDS and CURES reports which are consistent. The patient also has a narcotics agreement on file. In this case, the treating physician has provided adequate documentation including the 4As as requirement by MTUS for opiate management. The request IS medically necessary.

Oxycontin 15mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycontin (Oxycodone) Page(s): 24, 66, 78-102.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: This patient presents with chronic neck pain and bilateral upper extremity pain. The current request is for Oxycontin 15mg #60. The RFA is dated 04/16/15. Treatment to date has included epidural steroid injections (ESIs), TENS, and medication. 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. MTUS page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." The patient has been taking Oxycontin 10mg four times a day, concurrently with Oxycontin 15mg 1 tablet twice since at least 12/24/14. The treating physician states one is for round the clock pain control and other for breakthrough pain. Per report 04/15/15, with the use of medications the patient is able to ambulate, groom, cook, clean, shop, do light laundry, and she is able to care for her son. The patient reports that medications reduce her pain by greater than 50%. There are no adverse side effects and she is monitored via random UDS and CURES reports which are consistent. The patient also has a narcotics agreement on file. In this case, the treating physician has provided adequate documentation including the 4As as requirement by MTUS for opiate management. The request IS medically necessary.

Topamax 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax) Page(s): 24, 66, 78-102.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Other Anti-epileptic Drugs, Topiramate (Topamax) Page(s): 21.

Decision rationale: This patient presents with chronic neck pain and bilateral upper extremity pain. The current request is for Topamax 50mg #120. The RFA is dated 04/16/15. Treatment to date has included epidural steroid injections (ESIs), TENS, and medication. MTUS Guidelines page 21 under Other Antiepileptic Drugs regarding Topiramate (Topamax) states that this medication has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of central etiology. It is still considered for use for neuropathic pain when other anticonvulsants have failed. MTUS Guidelines page 16 and 17 regarding antiepileptic drugs for chronic pain also states "that there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs, and mechanisms." Most randomized controlled trials for the use of this class of medication for neuropathic pain had been directed at post-herpetic neuralgia and painful polyneuropathy. The patient has been taking this medication for prevention of migraine-type headaches since at least 12/24/14. Per report 04/15/15, Topamax has been effective in decreasing the frequency of the patient's headaches. Although the treater reports that Topamax has been effective; MTUS supports the use of medication in this class for neuropathic pain. Physical examination of this patient does not indicate neuropathic pain. The patient does not meet the criteria to utilize this medication; therefore, this request IS NOT medically necessary.

Valium 5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24, 66, 78-102.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: This patient presents with chronic neck pain and bilateral upper extremity pain. The current request is for Valium 5mg #60. The RFA is dated 04/16/15. Treatment to date has included epidural steroid injections (ESIs), TENS, and medication. MTUS guidelines on page 24 under benzodiazepines states "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." The treater does not specifically discuss this medication. The patient has been prescribed Valium since at least 12/04/14. However, MTUS guidelines does not recommend its use for long-term and limits use to 4 weeks. The request for additional Valium #60 exceeds

guideline recommendation, and does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.

Zanaflex 4mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex), Anti-spasmodics Page(s): 24, 66, 78-102.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI- SPASTICITY/ANTI-SPASMODIC DRUGS Page(s): 66.

Decision rationale: This patient presents with chronic neck pain and bilateral upper extremity pain. The current request is for Zanaflex 4mg #120. The RFA is dated 04/16/15. Treatment to date has included epidural steroid injections (ESIs), TENS, and medication. MTUS Chronic Pain Guidelines pg. 66 under ANTISPASTICITY/ANTISPASMODIC DRUGS states the following regarding Tizanidine: "Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. (Malanga, 2002) May also provide benefit as an adjunct treatment for fibromyalgia. (ICSI, 2007)" The patient has been taking Zanaflex for relaxation of her muscles since at least 12/24/14. Per report 04/15/15, the patient uses Tizanidine for the significant myofascial pain. The patient reports that the use of Tizanidine helps reduce spasms and allows her to be functional in ADLs. She has gone without this medication in the past, and the spasm became very severe. The treater states that she has failed other muscle relaxants. The MTUS guidelines support the usage of Tizanidine for the treatment of myofascial pain and muscle spasms and given the documentation of medication efficacy, continuation of Zanaflex is substantiated. The request IS medically necessary.