

Case Number:	CM15-0095204		
Date Assigned:	05/21/2015	Date of Injury:	10/23/2013
Decision Date:	07/03/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/18/2015

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 is a 47 year old female with an October 23, 2013 date of injury. A progress note dated May 12, 2015 documents subjective findings (persistent lower back pain with radiation to the left buttock), objective findings (moderate generalized tenderness in the lumbar area; flat back; lumbar flexion and extension moderately restricted), and current diagnoses (lumbar spine stenosis; lower back pain; degenerative disc disease site not otherwise specified). Treatments to date have included medications, epidural steroid injections, and massage (some relief). The treating physician documented a plan of care that included Ambien, Oxycodone, Tizanidine, Celebrex, and Flector transdermal patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 15mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

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

Decision rationale: The patient was injured on 10/23/2013 and presents with lumbar spine symptoms. The request is for OXYCODONE HCL 15 MG #120. The RFA is dated 05/13/2015 and the patient is on partial temporary disability. "Activity restrictions include lifting more than 20 pounds, stooping, bending." MTUS Guidelines pages 88 and 89 state, Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a 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 Guidelines page 60-61 state that "before prescribing any medication for pain, the following should occur: (1) Determine the aim of use of the medication. (2) Determine the potential benefits and adverse effects. (3) Determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded." There is no indication of when the patient began taking oxycodone nor are there any reports mentioning it. It appears that this is the initial trial for this medication. Review of the reports provided does not indicate if there is any prior opiate use. Given the patient's chronic pain, a trial of opiate would appear reasonable and consistent with the guidelines. The requested oxycodone HCl IS medically necessary.

Tizanidine HCL 4mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC), Pain Procedure Summary Online Version last updated 04/06/2015, Non-Sedating Muscle Relaxants.

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

Decision rationale: The patient was injured on 10/23/2013 and presents with lumbar spine symptoms. The request is for TIZANIDINE HCL 4 MG #30. The RFA is dated 05/13/2015 and the patient is on partial temporary disability. "Activity restrictions include lifting more than 20 pounds, stooping, bending." The patient has been taking this medication as early as 03/03/2015. 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." MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain, pg 66:" ANTISPASTICITY/ ANTI-SPASMODIC DRUGS: Tizanidine (Zanaflex, generic available) 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." The patient is diagnosed with spinal stenosis of the lumbar spine, low back pain, and degenerative disk disease, psych NOS. She has a limited lumbar spine range of motion, persistent low back pain with radiation to the left buttocks, and activity restrictions. The treater does not specifically discuss efficacy of tizanidine on any of the reports provided. MTUS Guidelines page 60 states that when medications are used for chronic pain, recording of pain and function needs to be provided. Due to lack of documentation, the requested tizanidine IS NOT medically necessary.

Celebrex 200mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

Decision rationale: The patient was injured on 10/23/2013 and presents with lumbar spine symptoms. The request is for CELEBREX. The RFA is dated 05/13/2015 and the patient is on partial temporary disability. "Activity restrictions include lifting more than 20 pounds, stooping, bending." MTUS guidelines page 22 on anti-inflammatory medications state that anti-inflammatories are the traditional first-line treatment to reduce pain, so activity and functional restoration can resume, the long-term use may not be warranted. In addition, MTUS pages 60 and 61 states that pain assessment and functional changes must also be noted when medications are used for chronic pain. MTUS guidelines page 22 continues to state for Celebrex the following, "COX-2 inhibitors - e.g., Celebrex, may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months, but a 10-1 difference in cost." The patient is diagnosed with spinal stenosis of the lumbar spine, low back pain, and degenerative disk disease, psych NOS. She has a limited lumbar spine range of motion, persistent low back pain with radiation to the left buttocks, and activity restrictions. MTUS page 60-61 states that pain assessment and functional changes must be noted when medications are used for chronic pain. In this case, the treater provides no before and after pain scales and there is no discussion as to why the patient is on Celebrex rather than other NSAIDs. There is no discussion regarding GI issues or prior NSAIDs tried and failed. MTUS does not support Celebrex for the majority of patients and its use must be justified. The requested Celebrex IS NOT medically necessary.

Flector transdermal patch 1.3%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC), Pain Procedure Summary Online Version last updated 04/06/2015, Flector patch.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The patient was injured on 10/23/2013 and presents with lumbar spine symptoms. The request is for Flector transdermal patch 1.3%. The RFA is dated 05/13/2015 and the patient is on partial temporary disability. "Activity restrictions include lifting more than 20 pounds, stooping, bending." Regarding topical NSAIDs, MTUS on topical analgesics, pages 111-113, state, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." The patient is diagnosed with spinal stenosis of the lumbar spine, low back pain, and degenerative disk disease, psych NOS. She has a limited lumbar spine range of motion, persistent low back pain with radiation to the left buttocks, and activity restrictions. The patient has lumbar spine pain for which Flector patches are not indicated for. MTUS Guidelines state that there is "little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder." Due to lack of support from MTUS Guidelines, the requested Flector patch IS NOT medically necessary.