

Case Number:	CM14-0145062		
Date Assigned:	09/12/2014	Date of Injury:	03/27/2009
Decision Date:	10/20/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 56 year old female with a 3/27/2009 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 8/14/14 noted subjective complaints of neck, low back and shoulder pain. Objective findings included paravertebral tenderness and spasm. There was positive SLR (straight leg raise) bilaterally at 70 degrees. Diagnostic Impression: lumbar disc degeneration, lumbar radiculopathy. Treatment to Date: lumbar fusion, medication management, and physical therapy. A UR decision dated 8/28/14 denied the request for Oxycontin 30 mg #90 and Oxycodone 15 mg #150. There is no documentation of functional improvement. It also denied Xanax 1 mg #90. There is no documented medication indication for this medication in the treatment of this patient's current condition. There is no documentation of derived symptomatic or function improvement from its previous use. It also denied Zanaflex 2 mg #180. There is no explicit documentation of spasm relief from use of this medication. Cited guidelines do not recommend long-term use of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2009 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Oxycontin 30mg, #90 was not medically necessary.

Oxycodone 15mg, #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2009 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Oxycodone 15mg, #150 was not medically necessary.

Xanax 1mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are 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. However, given the 2009 date of injury, it is unclear how long the patient has been taking Xanax. They are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Guidelines state that chronic benzodiazepines are the treatment of choice in very few conditions and that long-term use can lead to dependence and misuse. There is no clear documentation of objective benefit derived from benzodiazepine usage. Therefore, the request for Xanax 1mg, #90 was not medically necessary.

Zanaflex 2mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Tizanidine is a centrally acting alpha₂-adrenergic agonist that is FDA approved for management of spasticity and off label use for low back pain. In addition, MTUS also states that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. However, given the 2009 date of injury, it is unclear how long the patient has been taking zanaflex. Guidelines do not recommend long-term use with the loss of efficacy and risk of dependence. There is no clear documentation of objective benefit specifically derived from zanaflex usage. Therefore, the request for Zanaflex 2mg, #180 was not medically necessary.