

Case Number:	CM13-0009068		
Date Assigned:	03/07/2014	Date of Injury:	08/27/2007
Decision Date:	04/23/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/09/2013

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 Internal Medicine and is licensed to practice in Arizona. 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:

The injured worker is a 50year old woman with a past medical history of hypercholesterolemia, Panic disorder with Major depressive disorder who sustained a work-related injury on 8/27/07 resulting in chronic low back pain with radiation to the right leg and bilateral wrist and neck pain. Under consideration is the retrospective review of tizanidine 4mg #10, doxepin 3.3% gel 60gm, pantoprazole 20mg #60, nabumetone 500mg #90, and hydrocodone/apap 5/500mg #90. All of these medications were administered on 7/5/13 and prescribed by the primary provider. A utilization review done 8/1/13 denied use of these medications as not medically necessary. The injured worker has diagnoses including acquired spondylolisthesis, bilateral carpal tunnel syndrome (CTS), and lumbar disc displacement without myelopathy, lumbar/lumbosacral disc degeneration and neck sprain. The injured worker is managed by an orthopedic surgeon, primary medical provider and pain specialist. Previous treatment for her pain includes physical therapy, acupuncture, chiropractic, massage therapy, injections, oral and topical analgesic medication. She has also had a right carpal tunnel release surgery and surgical fusion of L5-S1. On 7/5/13 she was evaluated by the primary provider and noted that her pain was improved after spinal fusion but present, the exam showed decreased sensation of the right S1 dermatome, negative straight leg raising, no spasm or guarding and motor strength of the right lower extremity 5/5. Multiple notes from the orthopedist, pain specialist and primary provider are reviewed. The pain specialist notes on 8/30/13 that the patient continues to have intermittent episodes of back and leg pain that can be severe. The physical exam notes decreased sensation of the right L5-S1 dermatomes, negative straight leg raising, extensor hallucis longus with motor strength of 4/5 and spasms with guarding of the lumbar musculature. Psychiatric evaluation yields a diagnosis of Panic disorder with major depressive disorder-recurrent.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF TIZANIDINE 4MG #90 ADMINISTERED ON 7/5/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-67.

Decision rationale: According to the MTUS section on chronic pain muscle relaxants (such as tizanidine) are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. In most cases of LBP they show no benefit beyond NSAIDS in pain and overall improvement and offer multiple side effects including sedation and somnolence. Tizanidine is a centrally acting alpha-adrenergic agonist that is FDA approved for management of spasticity, unlabeled use for low back pain. Side effects include somnolence, hypotension and weakness. Sedation may be worse with patient's taking concurrent CNS depressants. In this case the injured worker is noted to have been using this medication for greater than a year. The long term use for tizanidine is not medically necessary in this patient.

RETROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF DOXEPIN 3.3% GEL 60 GRM ADMINISTERED ON 7/5/13: Upheld

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

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

Decision rationale: According to the MTUS section on chronic pain topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The FDA indication for Doxepin is pruritis due to atopic dermatitis. The use of topical doxepin in this case is not medically necessary as the patient does not have atopic dermatitis and per the MTUS the use of topical analgesics are largely experimental for the use of chronic pain.

RETROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF PANTOPRAZOLE 20MG #60 ADMINISTERED ON 7/5/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-69.

Decision rationale: There is no documentation that the patient has had any gastrointestinal symptoms from the use of NSAIDs or that they have any risk factors for gastrointestinal events. According to the MTUS the use of a proton pump inhibitor is appropriate when the injured worker is taking an NSAID and is at high risk factors for adverse gastrointestinal events which include age >65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids or an anticoagulant of high dose NSAID. The patient does not have any symptoms that would suggest gastritis and there is no documentation that she has any risk factors for adverse gastrointestinal events. The use of pantoprazole is not medically necessary.

RETROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF NABUMETONE 500MG #90 ADMINISTERED ON 7/5/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list and adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-69.

Decision rationale: According to the MTUS nabumetone is used for treatment of osteoarthritis. There is inconsistent evidence for the use of NSAIDS when treating long-term neuropathic pain. All NSAIDS have a boxed warning for associated risk of adverse cardiovascular events, including MI, stroke, and new onset or worsening of pre-existing hypertension. NSAIDS can cause ulcers and bleeding in the stomach and intestines at any time during treatment. The use of NSAIDS may compromise renal function. The patient isn't diagnosed with osteoarthritis. Given the risk of adverse drug effects and the inconsistent evidence for the use of NSAIDS the continued use of nabumetone isn't medically necessary.

RETROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF HYDROCODONE/APAP 5/500MG #90 ADMINISTERED ON 7/5/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: Hydrocodone/APAP 5/500mg is a combination medication including hydrocodone and acetaminophen. It is a short-acting, pure opioid agonist used for intermittent or breakthrough pain. According to the MTUS section of chronic pain regarding short-acting opioids, they should be used to improve pain and functioning. There are no trials of long-term use in patients with neuropathic pain and the long term efficacy when used for chronic back pain is unclear. Adverse effects of opioids include drug dependence and misuse. An indication for

discontinuing opioid analgesic medications is a lack of improvement in function, continued pain despite medications and abuse or misuse. In this case the patient has had evidence of illicit substances in her urine drug screen and continues to complain of significant pain despite routine use of opioid analgesic medications. The continued use of hydrocodone/apap is not medically necessary.