MAXIMUS Federal Services

Case Number:	CM13-0026741		
Date Assigned:	11/27/2013	Date of Injury:	11/26/2011
Decision Date:	02/06/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 patient is a 27-year-old male with a work-related injury to his low back on 11/26/11. An MRI dated 3/15/12 revealed a midline annular tear, 7mm central disc protrusion, severe central stenosis at L2-3. The patient has been treated with physical therapy (PT), lumbar epidural injections; meds including Nabumetone-Relafen 500mg, Topiramate-Topamax 25mg and Tramadol/apap 37.5/325mg. He is status post L2-3 discectomy on 4/25/13. Peer-to-Peer (PTP) note dated 11/8/13 reveals patient has gradual worsening of his low back pain and depressive symptoms secondary to his chronic pain. Exam findings only reveal an antalgic gait without any objective findings. His diagnosis is lumbar disc displacement without/myelopathy, lumbar spine stenosis and long term use of meds and depression. Plan is for meds including Nabumetone-Relafen 500mg #90 1x/day, Cyclobenzaprine-Flexeril 7.5mg #90 2-3x/day, Sentra pm Medical food #60 1-2/day, Gabapentin tabs 600mg #60 1-2 tabs, Pantoprozole-protonix 20mg #60 1-2x/day, Tramadol Hel Er 150mg caps #30 2x/day. There is a progress note dated 11/26/2013 that the patient states he is not using gabapentin, Flexeril, Protonix and tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for prescription of Tramadol/APAP 37.5/325 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioid, Page(s): 80.

Decision rationale: CA MTUS does not recommend long-term use of opioid medications for chronic low back pain. In addition, the documentation given by the provider does not indicate any functional improvement or reduction in pain. It does not show that the patient has had any improvement in his activities of daily living or reduced restrictions at work or return to work. Guidelines require documentation of these effects for this medication, especially for continued use. As his medications has been used for an extended period of time, these criteria are important to evaluate the efficacy of this medication. The patient also states this medication is not helping with his pain. The treatment request is not meet guidelines and is therefore not necessary.

Request for prescription of Gabapentin 600 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19.

Decision rationale: CA MTUS discusses AED medication extensively. It allows for a trial of gabapentin for neuropathic pain. Recommended Trial Period: One recommendation for an adequate trial with gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based treatment algorithms for diabetic neuropathy suggests that if inadequate control of pain is found, a switch to another first-line drug is recommended. Combination therapy is only recommended if there is no change with first-line therapy, with the recommended change being at least 30%. (TCA, SNRI or AED). (Jensen, 2006) (Eisenberg, 2007) This patient states gabapentin has been causing side effects and has not helped his pain. Therefore, he has failed the trial of gabapentin and the request for additional medications is not necessary.

Request for prescription of Protonix 20 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section NSAID GI.

Decision rationale: CA MTUS discusses proton-pump inhibitors (PPI) to determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that [redacted] does not act synergistically with NSAIDS to develop gastroduodenal lesions. This patient is taking multiple medications, however he does not meet criteria for GI risk. Also, he

states he is not taking PPI and does not have stomach upset. Therefore, the medication is not medically necessary.

Request for prescription of Flexeril 7.5 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

Decision rationale: The patient is not using this medication as he states it is not helping. Also, MTUS only recommends this medication for a short period of time. This patient has exceeded this duration of treatment with Flexeril and the medication is not necessary because of treatment duration and patient compliance with the meds. Cyclobenzaprine (FlexerilÂ®) is recommended as an option, using a short course of therapy. See Medications for chronic pain for other preferred options. Cyclobenzaprine (FlexerilÂ®) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief.

Request for prescription of Tramadol HCL 150 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: CA MTUS does not recommend long-term use of opioid medications for chronic low back pain. In addition, the documentation given by the provider does not indicate any functional improvement or reduction in pain. It does not show that the patient has had any improvement in his activities of daily living or reduced restrictions at work or return to work. Guidelines require documentation of these effects for this medication, especially for continued use. As his medications has been used for an extended period of time, these criteria are important to evaluate the efficacy of this medication. The patient also states this medication is not helping with his pain. The treatment request is not meet guidelines and is therefore not necessary.