

Case Number:	CM13-0036804		
Date Assigned:	12/13/2013	Date of Injury:	03/04/2008
Decision Date:	04/21/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/21/2013

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 Emergency Medicine and is licensed to practice in Florida. 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 patient is a 66-year old female who suffered an injury to her low back on March 4, 2008, and subsequently underwent a lumbar fusion. She continued to have low back pain, with pain down an extremity, along with muscle spasm and both limited and painful range of motion. Her diagnoses were: 1. chronic low back pain; 2. status post previous lumbosacral fusion; and 3. lumbar discogenic disease with radiculopathy. An exam on 09/03/2013 revealed that her pain that day was a 3/10, but that it would increase to a 5-6/10 in the evening. Examination of the lumbar spine revealed a healed surgical incision, muscle spasm, and limited and painful range of motion. Straight leg rising was positive on the right at 60 degrees and on the left at 70 degrees. There was bilateral motor weakness at 4/5. There was tenderness to palpation over the facet joints, as well as pain with axial loading. She has been maintained for many months with the use of a transcutaneous electric nerve stimulation (TENS) unit, lumbar corset, and four medications: Norco; a narcotic analgesic, Zanaflex; a muscle relaxant, Neurontin; for pain down her lower extremities, and Prilosec; a proton pump inhibitor. The original denial of services related to lack of dosage or quantity for any of the four requests for medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Muscle Relaxants

Decision rationale: Tizanidine (Zanaflex) is a centrally acting alpha2-adrenergic agonist Antispasticity/antispasmodic muscle relaxant. Dosage recommended is 2-4 mg every eight hours up to a maximum of 36 mg per day. The Medical Treatment Utilization Schedule (MTUS) states that muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations of low back pain. However, eight studies have shown efficacy of tizanidine for low back pain (Chou 2007). It may also provide benefit as an adjunct treatment for fibromyalgia. The Official Disability Guidelines (ODG) also state that muscle relaxants are commonly used for treatment of low back problems. They also note that skeletal muscle spasm is not universally accepted as a cause of symptoms, and the most commonly used muscle relaxants have no peripheral effect on muscle spasm. In this case, there is no specification as to dose or frequency. As noted above, there are specific recommendations for dosing Zanaflex. Therefore, there is no medical necessity for Zanaflex in the manner requested.

Neurontin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Seizure Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-21, 49.

Decision rationale: Gabapentin (Neurontin) is an anti-seizure agent. The California Medical Treatment Utilization Schedule (MTUS) note that this class of agents is recommended for neuropathic pain, but there are few randomized trials directed at central pain and none for painful radiculopathy. Further, it states: "A recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain." The Guidelines also state that the role for gabapentin is for: "...treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered first-line treatment for neuropathic pain." No recommendations are made for specific musculoskeletal etiologies. In this case, there is no documentation for a neuropathic component to the pain, and little evidence to support its use in low back pain and radiculopathy. Also, the request does not specify the dose, frequency, or duration of therapy. Therefore, the record does not document the medical necessity for Neurontin (gabapentin) in this case.

Prilosec: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitor (PPI).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

Decision rationale: Prilosec (omeprazole), a proton pump inhibitor, is a gastric antacid. It is sometimes used for prophylaxis against the gastrointestinal (GI) side effects of non-steroidal anti-inflammatory drug (NSAIDs) based upon the patient's risk factors. The Medical Treatment Utilization Schedule (MTUS) notes that these risk factors include (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 NSAIDs. The use of non-selective NSAIDs without prophylaxis is considered "okay" in patients with no risk factors and no cardiovascular disease. In this case, there is no documentation of NSAID therapy with any of the above risk factors. Therefore, the medical record does not document the medical necessity for Prilosec.

Norco: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

Decision rationale: Norco is a combination drug containing acetaminophen and the opioid hydrocodone. The Chronic Pain Medical Treatment Guidelines related to on-going treatment of opioids state that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. The guidelines note that a recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of the key outcome goals including pain relief, improved quality of life, and/or improved functional capacity (Eriksen 2006). The Chronic Pain Guidelines also state that with chronic low back pain, opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (> 16 weeks), but also appears limited." Additionally, "There is also no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain (Martell - Annals, 2007)." The Official Disability Guidelines (ODG) state: "While long-term opioid therapy may benefit some patients with severe suffering that has been refractory to other medical and psychological treatments, it is not generally effective achieving the original goals of complete pain relief and functional restoration." Therapy with Norco appears to be ongoing. The documentation submitted lacked a number of the elements listed above, including the level of functional improvement afforded by the chronic opioid therapy. Also, the request does not specify the dose, frequency, or duration of therapy. Therefore, the record does not demonstrate the medical necessity for Norco.