MAXIMUS Federal Services

Case Number:	CM13-0066047		
Date Assigned:	01/03/2014	Date of Injury:	03/04/2013
Decision Date:	03/27/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/16/2013

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 Internal 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 45 year old male who was injured on 03/04/2013 while sustaining an injury during carrying plywood and bending and twisting involving his back with complaints of low back pain going down the left leg. Treatment history included acupuncture, chiropractor twice a week for 3 weeks, physical therapy, epidural steroid injection, and medications such as Flexeril 10 mg tablet , at bedtime, Ultracet Tablet 37.5-325 mg ,1 tablet every 12 hours as needed, Aspirin 81 mg daily, ibuprofen, metformin 1000 mg ,twice a day, and pravastatin 40 mg daily. A clinic note dated12/02/2013 documented objective findings on exam included the patient to be well hydrated, well-nourished and normal in appearance. No erythema, no jaundice. On neurologic exam, the lower extremity did show iliopsoas at 4/5 strength and extensor hallucis longus was 4/5 and tibialis anterior was 4/5 on the left. There was decreased sensation at the L4 distribution. Patellar deep tendon reflex was 2/4 bilaterally. Achilles tendon reflex was 0/4 bilaterally. Musculoskeletal exam revealed tenderness in L4-L5 spinous processes. He did have decreased range of motion in flexion and extension of the lumbar spine to 30 degrees and extension was 15 degrees. He did have positive straight-leg-raise on the left. He did have a positive slump test on the left; Waddell signs were negative. The patient was diagnosed with lumbar disc displacement without myelopathy and lumbago.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Sixty (60) tablets of Ultracet 37.5/325 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 63-66, 76-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use of opioids Page(s): 76-82.

Decision rationale: As per CA MTUS guidelines, opioids for neuropathic pain are not recommended as a first-line therapy. A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Guidelines further indicate that there is limited assessment of effectiveness of opioids for neuropathic pain, with short-term studies showing contradictory results and intermediate studies demonstrating efficacy. This patient has lower back pain radiating down to left leg. He is having neuropathic pain and there is no documentation of failure to respond to first line agents. There is no documentation of set goals or functional assessments done. Thus, the request for Sixty (60) tablets of Ultracet 37.5/325 mg is not medically necessary and appropriate

Decision for Sixty (60) tablets of Metformin 1,000 mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Diabetes Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter - Diabetes (Type 1, 2, and Gestational), Metformin (Glucophage)

Decision rationale: California MTUS guidelines do not discuss the issue in dispute and hence ODG have been consulted. As per ODG, Metformin is recommended as first-line treatment of type 2 diabetes to decrease insulin resistance. This patient has a history of diabetes and his diabetes is under control with metformin without side effects. Thus, the request for Sixty (60) tablets of Metformin 1,000 mg is medically necessary and appropriate.

Decision for Thirty (30) tablets of Pravastatin 40 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Diabetes Chapter- Statins.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter - Diabetes (Type 1, 2, and Gestational), Statins.

Decision rationale: CA MTUS do not discuss the issue in dispute and hence ODG have been consulted. As per ODG, "not recommended as a first-line treatment for diabetics. Patients with DM should be screened for dyslipidemia, and therapeutic recommendations should include lifestyle changes and, as needed, consultation with a registered dietitian. Statins may be a

treatment in the absence of contraindications, but recent studies have associated increased risk of DM with use of all types of statins." This patient has a past medical history of hypercholesterolemia but there is no documentation of consultation with a registered dietitian or lifestyle changes as per the criteria required by the guidelines and hence the request is for Thirty (30) tablets of Pravastatin 40 mg is not medically necessary and appropriate.

Decision for Thirty (30) tablets of Tizanidine 10 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 63-66, 74-82.

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

Decision rationale: As per CA MTUs guidelines, Tizanidine is a muscle relaxants recommended "for non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic Low Back Pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility." This patient is diagnosed with myofascial pain syndrome and there is documentation of improvement in his spasms. However, there is no objective evidence of spacticity documented on physical exam and therefore the medical necessity has not been established. Additionally, the guidelines do not recommend long-term use of this medication. Thus, the request for Thirty (30) tablets of Tizanidine 10 mg is not medically necessary and appropriate.