

Case Number:	CM14-0003161		
Date Assigned:	02/03/2014	Date of Injury:	11/13/1995
Decision Date:	06/20/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/09/2014

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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 58 year old female who reported an injury on 11/13/1995 secondary to an unknown mechanism of injury. She was previously treated with an unknown duration of acupuncture. She was evaluated on 08/27/2013 and reported 7/10 low back pain and spasm, with right sciatica. She also reported that her pain decreased to 4/10 with acupuncture and medications. Additionally, she stated that her medications allowed her to walk up to 45 minutes as opposed to 10 minutes, and that they improved her ability to dress, bathe, cook, and sleep. Medications at that time were noted to include Amitriptyline, Requip, Duragesic, Norco, Zanaflex, and Protonix. She was noted to have used these medications since at least 07/03/2013. It was noted that her pain medications caused chronic gastric upset for which the Protonix was prescribed. It was noted that the Requip in combination with Zanaflex was effective for her leg cramps and spasm. The most recently documented urine drug screen took place on 09/2010. On physical examination, she was noted to have tenderness to palpation of the lumbosacral junction at L4-5, sensorimotor deficits in an L4-S1 distribution, and severe left foot drop. She was diagnosed with lumbar radiculopathy, multilevel lumbar disc degeneration, and muscle guarding. A retrospective request for authorization was submitted for Amitriptyline, Requip, Duragesic, Zanaflex, and Protonix for date of service 08/27/2013. The documentation submitted for review failed to provide a request for authorization form.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO DOS 8/27/2013 AMITRIPTYLINE 25MG #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TRICYCLIC ANTIDEPRESSANTS, 122

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-15.

Decision rationale: California MTUS Guidelines recommend amitriptyline as a first-line treatment for neuropathic pain unless they are ineffective, poorly tolerated, or contraindicated. The injured worker reported 7/10 low back pain with right sciatica which decreased to 4/10 with medications. She also reported that the medications improved her ability to perform activities of daily living to include dressing, bathing, cooking, and walking. The medical records submitted for review indicate that the injured worker has neuropathic pain for which amitriptyline has been effective. As such, the request for amitriptyline 25mg #30 is medically necessary.

RETRO 8/27/2013 REQUIP 1MG 1-2 PO BID: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Restless Legs Syndrome (RLS).

Decision rationale: Official Disability Guidelines recommend Requip for the treatment of restless legs syndrome (RLS). There are no other indications for the use of Requip. The injured worker reported low back pain with sciatica, and she was diagnosed with lumbar radiculopathy. There is a lack of documented evidence in the medical records provided to indicate that the injured worker suffers from restless leg syndrome. Additionally, the request as written does not specify a quantity of medication. As such, the request for Requip 1mg 1-2 by mouth twice a day is not medically necessary.

RETRO 8/27/2013 DURAGESIC 75MCG PATCH EVERY 2 DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, DURAGESIC, 44

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 93.

Decision rationale: California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The most recently documented urine drug screen took place on 09/2010. While there is documentation of quantified pain relief and functional improvement with pain medications, there

is a lack of documentation of a recent urine drug screen to monitor for aberrant behavior related to this medication. Furthermore, the guidelines state that Duragesic should only be used in patients who are currently on other opioid therapy equivalent to 25mcg/hr of fentanyl for which tolerance has developed. The medical records submitted for review fail to provide evidence that the injured worker has developed a tolerance to other opioids. Additionally, the guidelines state that Duragesic patches should be worn for 72 hours (3 days). The request as written specifies that the patch will be used every 2 days, which is more frequent than recommended by evidence-based guidelines. The request as written does not specify a quantity of patches. Therefore, it is unclear that the request will allow for timely reassessment of medication efficacy and appropriateness. As such, the request for Duragesic 75mcg patch every 2 days is not medically necessary.

RETRO 8/27/2013 ZANAFLEX 5MG PO AT HS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANTS, 66

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

Decision rationale: California MTUS Guidelines recommend 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. The guidelines state that efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Additionally, the guidelines state that liver function tests should be monitored at baseline, 1, 3, and 6 months with the use of Zanaflex as it has been proven to cause hepatotoxicity. The injured worker was noted to have back spasms. It is unclear from the medical records submitted for review how long the injured worker has used Zanaflex. Therefore, it cannot be determined that the use of this medication meets the evidence-based guidelines for short-term use. Although the injured worker reported pain relief and functional improvement with her medications, there is no documentation of liver function monitoring while using this medication. Therefore, it is unclear that the injured worker is being monitored appropriately to evaluate for risk of hepatotoxicity. Furthermore, the request as written does not include a quantity and therefore does not allow for timely reassessment of medication efficacy. As such, the request for Zanaflex 5mg by mouth at bedtime is not medically necessary.

RETRO 8/27/2013 PROTONIX 40MG PO DAILY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ANTI INFLAMMATORY MEDICATIONS AND GASTROINTESTINAL SYMPTOMS, 68

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

Decision rationale: California MTUS Guidelines do not recommend treatment with a proton pump inhibitor unless the injured worker is at high risk for gastrointestinal events to include age over 65 and a history of peptic ulcer, gastrointestinal bleeding, or perforation. It was noted that Protonix was prescribed due to upset stomach related to pain medications. The injured worker is a 58 years old. There is a lack of documented evidence to indicate that the injured worker has a history of peptic ulcer, gastrointestinal bleeding, or perforation. There are no NSAIDs noted in the injured worker's medication regimen. There is insufficient documented evidence to indicate that the injured worker is at high risk for gastrointestinal events. Furthermore, the request as written does not include a quantity which does not indicate and allowance for timely re-evaluation of medication efficacy. As such, the request for retro date of service 08/27/2013 Protonix 40mg by mouth daily is not medically necessary.