

Case Number:	CM14-0006717		
Date Assigned:	02/07/2014	Date of Injury:	12/07/2005
Decision Date:	06/23/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/17/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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 45-year-old female who reported an injury on December 07, 2005. The mechanism of injury was not provided in the clinical documentation. The clinical note dated February 18, 2014 reported that the injured worker complained of low back pain radiating to the legs and right arm. The injured worker rated the pain at 7/10. The injured worker reported having constant low backache, which is exacerbated by activity and prolonged position, including severe pain upon awakening. The injured worker was prescribed Oxy-Contin, Elavil, Neurontin, Pepcid, and Zanaflex. Upon physical exam, the physician noted that the injured worker appeared to be in slight to moderate discomfort while seated at the appointment, also had severe tenderness to palpation over the lateral right forearm and wrist, moderate tenderness to palpation over the lumbosacral region and upper buttocks and bilateral sacroiliac joints. The physician noted lumbar flexion was reduced to 35 degrees, straight leg raises illicit tremor in leg and diffused low back pain at only 15 degrees elevation. The provider noted bilateral Patrick's test, noted ipsilateral severe pain over the sacroiliac joint radiating to the buttock. The injured worker had diagnoses of sacroiliitis, lumbar post laminectomy syndrome, chronic pain, lumbosacral radiculopathy, degeneration of the lumbar or lumbosacral intervertebral disc, lumbago, lumbar facet joint pain, myalgia and myositis, and dysesthesia. The provider recommend the injured worker to continue with the use of heat, ice, rest, and gentle stretching and exercise which may be tolerated without exacerbating pain. The provider requested for oxycodone IR 15mg #150, Elavil 25mg #90, Pepcid 40mg #30, Zanaflex 4mg #120, Neurontin 300mg #270, and 8 sacroiliac joint injections to improve activity, restoration of overall functioning. The Request for Authorization was not provided in the clinical documentation submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE IR 15 MG, #150: 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, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, On-Going Management Page(s): 78.

Decision rationale: The request for Oxycodone IR is not medically necessary. The injured worker complained of low back pain radiating to the legs and right arm pain. The injured worker rated her pain at 7/10. The injured worker reported she had constant low backache which was exacerbated by activity and prolonged positions including severe pain upon awakening. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The documentation of the pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider did not document an adequate and complete pain assessment within the documentation. There is lack of documentation indicating the medication had been providing objective functional benefit and improvement. Additionally, the use of a urine drug screen was not provided in the documentation submitted. Therefore, the request for oxycodone IR 15 mg #150 is not medically necessary.

ELAVIL 25 MG, #90: 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 Chronic Pain Medical Treatment Guidelines, Antidepressants for chronic pain Page(s): 13.

Decision rationale: The request for Elavil is not medically necessary. The injured worker complained of low back pain radiating to the legs and right arm pain. The injured worker rated her pain at 7/10. The injured worker reported she had constant low backache which was exacerbated by activity and prolonged positions including severe pain upon awakening. The California MTUS Guidelines recommend antidepressants as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week whereas antidepressant effects take longer to occur. The guidelines also note that it is recommended that these outcome measurements should be initiated at 1 week of treatment with a recommended trial of at least 4 weeks. The provider's rationale for the medication is unclear. There is lack of documentation indicating the injured worker to have

neuropathic pain. There is lack of clinical documentation indicating the medical necessity for the use of Elavil. Therefore, Elavil 25 mg #90 is not medically necessary.

PEPCID 40 MG, #30: 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 Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request for Pepcid 40mg #30 is not medically necessary. The injured worker complained of low back pain radiating to the legs and right arm pain. The injured worker rated her pain at 7/10. The injured worker reported she had constant low backache which was exacerbated by activity and prolonged positions including severe pain upon awakening. The California MTUS Guidelines recommend the treatment for dyspepsia secondary to NSAID therapy; the guidelines note to stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or PPI. There is lack of clinical documentation noting the injured worker complaining of or was diagnosed with dyspepsia. In addition, there was no documentation noting the injured worker was on NSAID therapy warranting the use of an H2 receptor. Given the clinical information submitted, there was lack of clinical findings indicating the medical necessity of pepcid. Therefore, the request is not medically necessary.

ZANAFLEX 4 MG, #120: 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, , 63,66

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Muscle Relaxants Page(s): 63-64.

Decision rationale: The request for Zanaflex 4mg, #120, is not medically necessary. The injured worker complained of low back pain radiating to the legs and right arm pain. The injured worker rated her pain at 7/10. The injured worker reported she had constant low backache which was exacerbated by activity and prolonged positions including severe pain upon awakening. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a secondary option for short term treatment for acute exacerbations in injured workers with chronic low back pain. The guidelines note the medication is not recommended for use longer than 2 to 3 weeks. The guidelines also note muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. The guidelines also note there is no additional benefit shown in combination with NSAIDs. The guidelines note that efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. There is lack of objective findings indicating the injured worker had muscle spasms. Additionally, the injured worker had been utilizing the medication for an extended period of time

which exceeds the guidelines recommendation of short term use for 2 to 3 weeks. Therefore, the request is not medically necessary.

NEURONTIN 300 MG, #270: 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, , 49

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Antiepilepsy Drugs Page(s): 16, 18.

Decision rationale: The request for Neurontin is not medically necessary. The injured worker complained of low back pain radiating to the legs and right arm pain. The injured worker rated her pain at 7/10. The injured worker reported she had constant low backache which was exacerbated by activity and prolonged positions including severe pain upon awakening. The California MTUS Guidelines note gabapentin, also known as Neurontin, is recommended for neuropathic pain. The guidelines note that gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered a first line treatment for neuropathic pain. There is lack of objective clinical findings noting the injured worker had an indication of neuropathic pain. Therefore, the request for Neurontin 300mg #270 is not medically necessary.

BILATERAL SACROILIAC (SI) JOINT INJECTIONS: 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), Hip & Pelvis, Sacroiliac Joint Blocks.

Decision rationale: The request for bilateral sacroiliac joint injections is not medically necessary. The injured worker complained of low back pain radiating to the legs and right arm pain. The injured worker rated her pain at 7/10. The injured worker reported she had constant low backache which was exacerbated by activity and prolonged positions including severe pain upon awakening. The California MTUS and ACOEM Guidelines do not specifically address Sacroiliac joint injections in initial care. The Official Disability Guidelines recommend a sacroiliac joint injection as an option if the injured worker has failed at least 4 to 6 weeks of aggressive conservative therapies as indicated below. The history and physical should suggest the diagnosis with documentation of at least 3 positive exam findings of specific tests for motion palpation and pain provocation has been described for sacroiliac joint dysfunction including cranial shear test, extension test, flamingo test, Fortin finger test, and pelvic compression test. The guidelines also note diagnostic evaluation must first address any other possible pain generators. There is lack of objective findings indicating the injured worker to have sacroiliac joint dysfunction. Additionally, there is lack of documentation indicating that the

injured worker had tried and failed aggressive conservative therapy. Therefore, the request is not medically necessary.