

Case Number:	CM14-0016912		
Date Assigned:	04/11/2014	Date of Injury:	03/10/2012
Decision Date:	06/02/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/10/2014

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 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 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 37 year old male who was injured on 03/10/2012 when he injured himself attempting to arrest a suspect. He has been experiencing low back pain that is beginning to radiate upwards into the upper back region and intermittently down his legs bilaterally. Prior treatment history has included physical therapy, injection into the buttock. The patient cannot accomplish his activities of daily living. Medications as of 09/03/2013 include the following: 1. Norco twice a day. 2. Ibuprofen 800 mg Diagnostic studies reviewed include EMG/NCV of both lower extremities dated 12/19/2012 resulting negative for lumbar motor radiculopathy on either side. MRI of the lumbar spine dated 03/14/2013 revealed the following: 1) L2-3: 1-2 mm posterior disc bulge without evidence of canal stenosis or neural foraminal narrowing. The central canal is congenitally stenosed. 2) L3-4: 1-2 mm posterior disc bulge resulting in mild bilateral neural foraminal narrowing in conjunction with facet joint hypertrophy. Moderate central canal stenosis is seen in conjunction with congenital stenosis of the thecal sac. 3) L4-5: 1-2 mm posterior disc bulge resulting in mild to moderate left neural foraminal narrowing in conjunction with facet joint arthropathy. PR-2 dated 02/27/2014 documented the patient overall feels that he still has persistent difficulty. He has seen a chiropractor for a couple of visits on his own and that seems to help temporarily. I told the patient that it could help but would not bring about any change in his overall status, he has chronic difficulties affecting all body parts and he will have to live with these. His current complaints consist of low back pain, right shoulder pain, mid back pain, dull and achy neck pain. He denies radicular pain to the neck and any pains to the arms or upper extremities. He has anxiety and depression and insomnia due to his pain. Headaches when the neck and low back are intense. He has gastrointestinal upset. Objective findings on exam include a neurological examination showing usual gait is slightly slow due to low back pain. Examination of the lumbar spine reveals palpation of paralumbar muscles

showing muscle spasm greater on the left side. Straight leg raising test is positive on the left side at 70 degrees producing pain to buttocks and thighs and negative to the right side. Laseague's test is negative bilaterally. Discussion: Due to the use of pain medication he has gastrointestinal upset and has also developed symptoms of anxiety and depression. Recommendation: 1. Chiropractic physical therapy. 2. Trial of TENS unit. 3. Additional treatment as recommended by psychologist. 4. Epidural injection and S1 injection. 5. Buspar 10 mg 1 bid prn #30. 6. Norco 10/325 mg tid. 7. Trazadone 50 mg 1-2 q pm for chronic pain. 8. Remain off Ambien since it was causing sleepwalking. 9. Discontinue Skelaxin. 10. Continue ibuprofen 800 mg bid for pain and inflammation. 11. Neurontin 300 mg 1 tid for chronic pain. The patient does have radicular pain in the lumbar spine, which is neuropathic type of pain so please authorize this on an industrial basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAZADONE 50MG 1 TO 2 TABLETS EVERY NIGHT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants For Chronic Pain Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-14. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Antidepressants for Chronic Pain.

Decision rationale: According to the Official Disability Guidelines and CA MTUS, antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent. Tricyclic antidepressants are recommended over Selective Serotonin Reuptake Inhibitors (SSRIs), such as Trazodone. SSRIs, a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. According to the ODG, sedating antidepressants, such as Trazodone, have also been used to treat insomnia; however, there is less evidence to support their use for insomnia. Chronic use of sleep aids is not generally supported by the medical literature. The patient appears to be taking this medication on a chronic basis. The medical necessity of Trazodone has not been established.

SKELAXIN 800MG TWICE A DAY AS NEEDED #60 PER MONTH: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 61,63-64.

Decision rationale: The CA MTUS recommended muscle relaxants with caution as a second-line option for short-term pain relief in patients with chronic LBP. Metaxalone (marketed by [REDACTED] under the brand name Skelaxin®) is a muscle relaxant that is reported to

be relatively non-sedating. The patient was seen for follow-up examination on 1/8/2014, wherein there is no documented finding of spasms on examination. Review of the medical records indicates chronic use of muscle relaxants, which is not supported by the guidelines and medical literature. The medical necessity of this request has not been established.

NEURONTIN 300MG; 1 TABLET THREE TIMES A DAY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

Decision rationale: The CA MTUS state Antiepilepsy drugs (AEDs) medications are recommended for neuropathic pain (pain due to nerve damage). Gabapentin (Neurontin[®], Gabarone[®], generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. However, the medical records do not provide clear evidence of a neuropathic pain condition. The patient denies any upper extremity/neck radicular complaints at a 2/26/14 visit. Lower extremity radicular complaints are not detailed. There are no clear findings of radiculopathy on examination. There is mention of lower extremity hyperreflexia as well as 1+ symmetric reflexes, normal sensation, and 5/5 strength. Electromyography (EMG)/Nerve Conduction Study (NCS) of lower extremities performed on 12/19/2012 did not show radiculopathy. Lumbar MRI 3/14/13 did not demonstrate nerve root compromise. Further, the patient continues to have severe pain and dysfunction. Pain reduction and functional benefit attributable to Gabapentin use is not evident from the medical records. Medical necessity is not established.

EPIDURAL INJECTION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: According to CA MTUS, epidural injection is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Criteria for ESI includes: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The patient was evaluated on 1/8/2014, and the examination findings are essentially unremarkable, without any findings indicative of active radiculopathy. Symptoms are not detailed. Additionally, EMG/NCS on 12/19/12 was negative for radiculopathy. Lumbar MRI, while showing spinal stenosis and neuroforaminal narrowing, did not indicate nerve root compromise. The medical necessity of the request has not been established. Radiculopathy is not documented on physical exam or corroborated by diagnostics. Medical necessity has not been established.

SI INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Hip And Pelvis Chapter Sacroiliac Joint Blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip And Pelvis, Sacroiliac Joint Blocks.

Decision rationale: at least 4-6 weeks of aggressive conservative therapy (PT, home exercise and medication management). The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings). The medical records do not document at least 3 exam findings consistent with SI joint pathology. The patient's documented symptoms lack detail. Clear rationale is not provided. Medical necessity is not established.

NORCO 10/325 THREE TIMES A DAY AS NEEDED: 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): 74-96.

Decision rationale: According to CA MTUS, Hydrocodone/Acetaminophen (Anexsia®[®], Co-Gesic®[®], Hycetâ;ç; Lorcet®[®], Lortab®[®]; Margesic-H®[®], Maxidoneâ;ç; Norco®[®], Stagesic®[®], Vicodin®[®], Xodol®[®], Zydone®[®]; generics available) is indicated for moderate to moderately severe pain. It is classified as a short-acting opioids, which are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The medical records do not indicate this medication is appropriate for this patient. The medical records do not demonstrate the patient has had sustained improved pain level and increased function with chronic opioid use. There are no documented quantified pain levels provided. There is mention in the record that Norco is "no longer helpful." Medical necessity has not been established.

BUSPAR 10MG TWICE A DAY AS NEEDED #30 PER MONTH: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anxiety medications in chronic pain.

Decision rationale: The Official Disability Guidelines recommend diagnosing and controlling anxiety as an important part of chronic pain treatment, including treatment with anxiety medications based on specific DSM-IV diagnosis as described. According to the ODG, Generalized Anxiety Disorder (GAD) is characterized by anxiety/tension, excessive worry, restlessness, fatigability, poor concentration, irritability, muscle tension and poor sleep. Treatment for GAD is patient specific and the following serves only as a guide in providing pharmacotherapy. SSRIs or SNRIs are typically first line agents for GAD. According to the 1/8/14 medical report, the patient's diagnosis includes anxiety and depression due to chronic pain. Buspar is recommended for short-term use. However, anxiolytics are not recommended as first-line therapy due to risk of dependence and lack of proven long-term benefit. The patient appears to be taking this medication on a chronic basis. The request is inconsistent with short-term use and is not recommended.