

Case Number:	CM14-0126674		
Date Assigned:	08/13/2014	Date of Injury:	01/04/2008
Decision Date:	09/18/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/11/2014

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, Pain Medicine and is licensed to practice in Texas and Ohio. 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 34-year-old male with a reported injury on 01/04/2008. The mechanism of injury was when the injured worker lifted 2 buckets of cleaning solution, weighing approximately 90 pounds to 100 pounds, he heard a pop in his low back and felt pain radiating down the lower left extremity to the calf. The injured worker's diagnoses included lumbar post laminectomy syndrome and lumbar radiculopathy. The injured worker has had previous treatments of trigger point injections, epidural steroidal injections, and Toradol injections. He has also had a cognitive behavioral therapy and psychotherapy. He has also had treatments of NSAIDs. The injured worker has had limited response to conservative measures. The injured worker had an examination on 03/28/2014. He had continued complaints of low back pain that radiated to the lower extremities, aggravated by activity and walking. He rated his pain at a 7/10 with medications and a 10/10 without medications. He did report that his pain has worsened since the last visit. The injured worker did report activity of daily living limitations to ambulation and sleep. He did report also that the use of a home exercise program and current medications was helpful. Upon examination of the lumbar spine, there were spasm noted in the bilateral paraspinous musculature and tenderness noted upon palpation in the paravertebral area, L4-S1 levels. Range of motion of the lumbar spine was moderately limited due to his pain and pain was significantly increased with flexion and extension. The sensory exam showed decreased sensitivity to touch along the L5 dermatome in the right lower extremity. The list of medications included gabapentin, Norco, hydrocodone, and tizanidine. The recommended plan of treatment was to renew the prescriptions. The Request for Authorization and the rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: 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): 78-80.

Decision rationale: The request for Norco 10/325 mg #150 is not medically necessary. The California MTUS Guidelines recommend for ongoing monitoring of opioids to include documentation of pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or nonadherent drug related behaviors. The guidelines recommend to discontinue opioids if there is no overall improvement in function, unless there are extenuating circumstances, or if the pain is continued with evidence of intolerable side effects. The injured worker only rated his pain at a level of a 7/10 with his medications. Although, he did state that home exercise and his medication was beneficial for him. There was no evidence of increased function along with the need for less medications. There were no complaints of any side effects. There was a lack of evidence of physical and psychosocial functioning deficits and improvements. There was a urine drug screen test done 01/03/2014 and the results were consistent with his prescriptions. There was a lack of evidence to support the number of 150 pills without further evaluation and assessment. Furthermore, the request does not specify directions as to frequency and duration. The clinical information fails to meet the evidence based guidelines for this request. Therefore, the request for the Norco 10/325 mg is not medically necessary.

Gabapentin 600mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptics Page(s): 18-19.

Decision rationale: The request for the Gabapentin 600 mg is not medically necessary. The California MTUS Guidelines state that gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered a first line of treatment for neuropathic pain. There is no evidence that the injured worker has had neuropathic pain. The efficacy of this medication was not provided. The guidelines recommend if there is evidence of inadequate response to switch or wean this medication. The injured worker has been on this medication at least since 07/22/2008 and there have been no evidence of efficacy or overall improvement. There has not been evidence of weaning of this medication. Additionally, the recommendation does not specify duration and frequency of this medication. There is a lack of evidence to support the medical necessity of this medication. The clinical

information fails to meet the evidence based guidelines for this request. Therefore, the request for the gabapentin 600 mg is not medically necessary.

Tizanidine 4mg #90: Upheld

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

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

Decision rationale: The request for the Tizanidine 4 mg #90 is not medically necessary. The California MTUS Guidelines recommend muscle relaxants as a caution for second line option for short term treatment of acute exacerbations in patients with chronic low back pain. In most low back pain cases, they show no benefits beyond NSAIDs and pain in overall improvement. The injured worker has been on this medication at least since 11/08/2013. The efficacy of this medication has not been provided. Upon examination, there did appear to be spasms on the lumbar spine. There is a lack of evidence to support the use of 90 pills without further evaluation and assessment. Furthermore, the request does not specify directions and duration. The clinical information fails to meet the evidence based guidelines for this request. Therefore, the request for the Tizanidine is not medically necessary.