

Case Number:	CM14-0150961		
Date Assigned:	09/19/2014	Date of Injury:	09/09/2007
Decision Date:	10/27/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/09/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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:

Injured worker is a 34-year-old male who reported injury on 09/09/2007 due to a back strain while lifting a keg and trying to put it on top of another keg. Injured worker has a diagnosis of degeneration of intervertebral discs, and degeneration of cervical intervertebral discs. Past medical treatment consists of physical therapy and medication therapy. The medications include Keppra, Ketoprofen, Norco, Tizanidine, and Trazodone. It was noted that the injured worker underwent an MRI of the lumbar spine in 2007. On 08/11/2014 the injured worker complained of low back pain. It was noted on physical examination that the injured worker's pain rate was 6/10. Deep tendon reflexes to the lower extremities were 1+ and myoclonus absent throughout. Sensation was diminished except for light touch in the L4-5 on the right side. An examination of the lumbar spine revealed trigger points were not present and muscle spasms were not present. Straight leg raise seated was positive on the right at 30 degrees. The medical treatment plan is for the injured worker to continue the use of medication and home exercise program. The provider feels that the medications are helping manage pain. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 refills of Keppra 1,000mg 2 tabs q12h #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16,22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

Decision rationale: The request for Keppra 1,000 mg 2 tabs every 12 hours with a quantity of #120 with 2 refills is not medically necessary. The California MTUS Guidelines state that Keppra has been shown to be effective for diabetic painful neuropathy and postherpetic neuralgia and has been considered a first line treatment of neuropathic pain. After initiation of treatment there should be documentation of pain relief and improvement in function, as well as documentation of side effects in current use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. The injured worker has been prescribed Keppra since at least 05/14/2014. The efficacy of the medication was not documented for review. Additionally, the provider did not include a rationale as for continuation of the medication. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

Ketoprofen 75mg q12h #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67,72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 70.

Decision rationale: The request for Ketoprofen 75 mg every 12 hours with a quantity of 60 with 2 refills is not medically necessary. California MTUS Guidelines recommend the use of NSAIDs for patients with osteoarthritis (including knee and hip and patients with acute exacerbations of chronic low back pain). The guidelines recommend NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. In patients with acute exacerbations or chronic low back pain, the guidelines recommend NSAIDs as an option for short term symptomatic relief. Guidelines also state that there is no evidence to recommend one drug in this class or another based on efficacy. In particular, there appears to be no difference between traditional NSAID and Cox 2 NSAIDs in terms of pain relief. There is no evidence of long term effectiveness for pain or function. The guidelines recommend that Ketoprofen be given at its lowest effective dose, which is 50 mg. Given that the request is for 75 mg, it exceeds the MTUS Guidelines. The submitted documentation also lacked any evidence of the functionality of the Ketoprofen's effectiveness. Furthermore, there was no indication that the medication was helping with any functional deficits. Additionally, guidelines recommend anti-inflammatories for first line treatment, but do not recommend them for long term use. The documentation also indicated that the injured worker had been on medication since at least 05/2014, exceeding recommended guidelines. As such, the request was not medically necessary.

2 refills of Norco 10/325mg 5 times/day #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75, 78.

Decision rationale: The request for Norco 10/325 mg 5 times per day is not medically necessary. The California MTUS Guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. Analysis should include what pain levels were before, during, and after medication administration. The submitted documentation did not include the efficacy of the medication. There was also no evidence of what pain levels were, before, during, and after medication administration. Additionally, there was no drug screening urinalysis submitted for review showing that the injured worker was in compliance with medications. Given the above, the injured worker is not within the MTUS recommended guidelines. As such the request is not medically necessary.

2 refills of Tizanidine 4mg Q&H #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 66.

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

Decision rationale: The request for Tizanidine 4 mg is not medically necessary. California MTUS Guidelines recommend Tizanidine as a non-sedating muscle relaxant with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. They show no benefit beyond NSAIDs and pain and overall improvement and efficacy appear to diminish over time. Prolonged use of some medications in this class may lead to dependence. Documentation indicates that the injured worker had been on Tizanidine since at least 05/2014, exceeding the recommended guidelines for short term use. Additionally, the efficacy of the medication was not submitted for review. Furthermore the request as submitted is for Tizanidine 4 mg quantity of 270 with 2 refills also exceeding the recommended guidelines for short term use. There was also no rationale submitted for review indicating the continuation of the medication. Given the above, the request is not medically necessary.

1 REFILL OF TRAZODONE 50MG 2 TABS QHS #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental & Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors), Trazodone Page(s): 107.

Decision rationale: The request for Trazodone 50 mg is not medically necessary. California MTUS Guidelines indicate that SSRIs are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. SSRIs have not been shown to be effective for low back pain. There was no indication in the submitted documentation that the injured worker had a diagnosis that was congruent with the above guidelines. Additionally, the submitted documentation did not indicate the efficacy of the medication. Given that the medication is not recommended for the use of chronic back pain, the request is not medically necessary.