

Case Number:	CM14-0152038		
Date Assigned:	09/22/2014	Date of Injury:	03/26/2003
Decision Date:	10/22/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/17/2014

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 and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 59-year-old male with date of injury of 03/26/2003. The listed diagnoses per [REDACTED] from 07/10/2014 are: 1. Progressive low back pain due to symptomatic lumbar spinal stenosis. 2. Degenerative disk disease at L2-L3, L3-L4. According to this report, the patient complains of low back pain. He describes his pain as dull, achy, sharp, and rates it 6/10 to 8/10 without pain medication and 5/10 with medication. The patient's pain radiates down the bilateral lower extremities. The pain is worse after standing and walking. The examination shows the patient has an antalgic gait pattern favoring the right lower extremity. No signs of overmedication or aberrant-type pain behavior. Lumbosacral spine reveals loss of lumbar lordotic curvature. Noticeable muscle spasm in the lumbar paraspinal muscles. The range of motion is 30% of normal in flexion and barely to a neutral in extension. Localized tenderness in the bilateral sacroiliac joint was noted. Straight leg raise is positive bilaterally at 40 degrees. Neurologic exam of the bilateral lower extremity is with strength of 5/5. Deep tendon reflexes are generalized hyporeflexic, however symmetrical. Sensory examination reveals decreased pinprick in the bilateral L4, L5, and S1 dermatomes. Babinski's is down going. There is no clonus in the bilateral ankles. The utilization review denied the request on 09/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS CONTIN 60MG #90 WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89, 78.

Decision rationale: This patient presents with low back pain. The treating physician is requesting MS Contin 60 mg #60 with 2 refills. For chronic opiate use, the MTUS Guidelines page 88 and 89 states, "pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also require documentation of the 4As including analgesia, ADLs, adverse side effects, and aberrant drug-seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The records show that the patient has been prescribed MS Contin since 01/30/2014. The 07/10/2014 report notes that the patient's pain without medication is 6/10 to 8/10 and with medication 5/10. The treater does not document medication efficacy including specifics regarding ADLs, no significant improvement, no mention of quality of life changes, and no discussions regarding "pain assessment," as required by MTUS. There are no discussions regarding "outcome measures" as well as adverse side effects and aberrant drug-seeking behavior such as a urine drug screen. The request is not medically necessary and appropriate.

ZANAFLEX 4MG #90 WITH 5 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY/ANTISPASMODIC DRUGS Page(s): 66.

Decision rationale: This patient presents with low back pain. The treating physician is requesting Zanaflex 4 mg #60 with 5 refills. The MTUS Guidelines page 63 to 66 states, "tizanidine (Zanaflex, generic available) is a centrally acting alpha-2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled for low back pain... demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome...."The review of records from 01/30/2014 to 09/22/2014 showed that the patient has been taking Zanaflex since 01/30/2014. MTUS page 60 and 61 states that pain assessment and functional changes must also be noted when medications are used for chronic pain. While the 07/10/2014 report notes that the patient's pain level is 6/10 to 8/10 without pain medication and 5/10 with medication, the 238 pages of records do not mention functional improvement while utilizing Zanaflex. The request is not medically necessary and appropriate.

NEURONTIN 600 MG WITH 5 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS has the following regarding Gabapentin (MTUS pg 18,19) Medications for chronic pain Page(s).

Decision rationale: This patient presents with low back pain. The treating physician is requesting Neurontin 600 mg with 5 refills. The MTUS Guidelines page 18 and 19 on gabapentin states that it 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. MTUS page 60 and 61 states that for medications used for chronic pain, efficacy in terms of pain reduction and functional gains must also be documented. The records show that the patient has been on Neurontin since 01/30/2014. The 07/10/2014 report notes that the patient's pain level is 6/10 to 8/10 without pain medication and 5/10 with medication, other than this pain scale none of the 238 pages of records note functional improvement while utilizing Neurontin. The request is not medically necessary and appropriate.