

Case Number:	CM14-0160551		
Date Assigned:	10/06/2014	Date of Injury:	07/03/2006
Decision Date:	11/10/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/30/2014

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, has a subspecialty in 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 63 year old female with the date of injury of 07/03/2006. The mechanism of injury was not provided. Her reported diagnosis was lumbar radiculitis. Past treatments for the injured worker include Toradol and lidocaine injections for pain on an unspecified date and lumbar epidural steroid injection performed on 07/29/2013. Diagnostics include cervical spine x-ray, 01/22/2013, where degenerative changes a C5-6 were found. Also on 01/22/2013 a lumbar spine x-ray revealed scoliosis and moderate degenerative changes from L1 through L5. Surgical history includes left total knee arthroplasty, March 2010 and right total knee arthroplasty, March 2013. On 08/25/2014 her complaint was low back pain that becomes progressively worse with physical activity. On exam, the treating provider noted tenderness to palpation over the paravertebral muscles, decreases range of motion of the lumbar spine, positive straight leg raise bilaterally, and positive sacroiliac joint tenderness. The injured workers relevant medications include Norco and Gabapentin. The treatment plan included AME/QME re-evaluation; refilling medications (Norco and Gabapentin) no dosage, frequency, or duration specified; and a sleep number bed. The request was for Condrolite 500/200/150, Gabapentin 300mg, Norco 10/325 mg, Protonix 40mg, Tizanidine 4mg, and a sleep number bed. The rationale for the request was not provided for review. The Request for Authorization that was submitted was dated 08/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Condrolite 500/200/150, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50..

Decision rationale: The request for Condrolite 500/200/150 is not medically necessary. California MTUS Guidelines recommend Glucosamine (and Chondroitin Sulfate) as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. The injured workers' 08/25/2014 complaint was low back pain. While there were limitations found on clinical examination there were no objective finding to suggest arthritis pain submitted for review. As such the request for Condrolite is not medically necessary.

Gabapentin 300mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16-17.

Decision rationale: The request for Gabapentin 300mg is not medically necessary. California MTUS Guidelines recommends the use of antiepilepsy drugs (anti-convulsants) for neuropathic pain, however there are few randomized controlled trials directed at central pain and none for painful radiculopathy. The injured workers complaint was low back pain and physical exam noted physical limitations, however, the injured worker has used Gabapentin previously. Per the guideline after initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The clinical documentation submitted did not provide evidence to support the guideline recommendation, such as quantitative documentation of pain relief or functional improvement. Therefore the request for Gabapentin is not medically necessary.

Norco 10/325mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Chronic Back Pain) Page(s): 78..

Decision rationale: The California MTUS Guidelines recommend 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. The clinical documentation failed to show proper pain scales and increased functional abilities as a result of utilizing the medication.

Moreover, there was a lack of screening nonadherent and aberrant behavior as evidenced through urine drug screening and interviews during clinical visits. In the absence of this information, the request for Norco 10/325mg is not medically necessary.

Protonix 40mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Proton Pump Inhibitors (PPIs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68..

Decision rationale: The request for Protonix 40mg is not medically necessary. California MTUS guidelines indicate that proton pump inhibitors are highly effective for their approved indications, including preventing gastric ulcers induced by Nonsteroidal anti-inflammatory drugs. The injured workers complaint was low back pain. The clinical documentation submitted does not indicate ongoing Nonsteroidal anti-inflammatory drug use or gastrointestinal complaints. As such the request for Protonix 40mg is not medically necessary.

Tizanidine 4mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines-TWC: Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Muscle Relaxants (for pain)

Decision rationale: The request for Tizanidine 4mg is not medically necessary. Both California MTUS and Official Disability Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute low back pain and for short-term (less than two weeks) treatment of acute exacerbations in patients with chronic low back pain. Both guidelines also indicate 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 Nonsteroidal anti-inflammatory drugs in pain and overall improvement. The injured workers complaint was low back pain. However, there is no evidence of objective functional benefit, such as quantitative documentation of increased mobility, with prior use of muscle relaxants. Therefore, the request for Tizanidine 4mg is not medically necessary.

Sleep Number Bed Purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (acute and chronic), Mattress Selection

Decision rationale: The request for a Sleep Number Bed is not medically necessary. The injured workers complaint was low back pain. Official Disability Guidelines indicates there are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. Mattress selection is subjective and depends on personal preference and individual factors. The treating provider did not submit a rationale for the request to purchase the Sleep Number bed. There is clarification needed as to the purpose of the Sleep Number bed and a rationale for how the bed would reduce the injured workers low back pain, increase mobility without pain, and improve functional capacity. The guideline also indicates that there are no high quality studies to support purchase of any type of specialized bedding as treatment for low back pain. In light of the lack of a clinical rationale as to the purpose of the request, the request for the Sleep Number Bed is not medically necessary.