

<b>Case Number:</b>	CM14-0167508		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	01/05/2010
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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 Geriatrics and is licensed to practice in New York. 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 43 years old woman with a date of injury of 1/5/10. She was seen by her pain provider on 8/7/14 with complaints of back, bilateral arm and leg pain which was unchanged since her last visit. She noted her medications provide "a little help". Her exam showed a wide based gait. She had moderate to severe pain spasm and tenderness to palpation over the thoracolumbar paraspinal muscles and tenderness in the lower lumbar spine facets bilaterally. She had sacroiliac tenderness bilaterally and positive left straight leg raise. Range of motion of the lumbar spine produced back pain with mild decreased sensation in the left L4 and L5 dermatomes. He had normal 5/5 muscle strength except 4/5 strength in the left big toe extensors and knee extensors. Her diagnoses were cervical spine - sprain/strain, discopathy, facet arthropathy and radiculopathy, myofascial pain syndrome of cervical, thoracic and lumbar spine, bilateral shoulder impingement, lumbar spine - sprain/strain, discopathy, facet arthropathy and radiculopathy and gastrointestinal complaints and rule out major depression. At issue in this review is the request for medications- protonix, Tylenol #3, gabapentin and Tylenol #3. Length of prior therapy is not documented in the note.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 Tablets of Protonix 20mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** This 43 year old worker has chronic back, arm and leg pain. Her medical course has included ongoing use of several medications including opioids and gabapentin. Protonix is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. This would include those with: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The records do not support that she meets these criteria and thus she is not at high risk of gastrointestinal events to justify medical necessity of Protonix. The request is not medically necessary.

**60 Tablets of Tylenol #3:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

**Decision rationale:** Course has included ongoing use of several medications including opioids and gabapentin. In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 9/14 fails to document any improvement in pain, functional status or side effects to justify ongoing use. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The Tylenol #3 is not medically necessary.

**60 Tablets of Zanaflex 1mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** Zanaflex or tizanidine is a muscle relaxant used in the management of spasticity. This 43 year old worker has chronic back, arm and leg pain. Her medical course has included ongoing use of several medications including opioids and gabapentin. Non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 8/14 fails to document any spasm on physical exam or improvement in pain, functional status or side effects to justify ongoing term use. The medical necessity for Zanaflex is not medically necessary.

**60 Capsules of Gabapentin 400mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone, generic available).

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

**Decision rationale:** This 43 year old worker has chronic back, arm and leg pain. Her medical course has included ongoing use of several medications including opioids and gabapentin. Gabapentin 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. For chronic non-specific axial low back pain, there is insufficient evidence to recommend the use of gabapentin. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects. The medical records fail to document any improvement in pain, functional status or side effects to justify long-term use. She is also receiving opioid analgesics. The gabapentin is not medically necessary.