

Case Number:	CM14-0178637		
Date Assigned:	10/31/2014	Date of Injury:	07/21/2003
Decision Date:	12/10/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/28/2014

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 Occupational Medicine, 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:

Patient is a 64-year-old male who has submitted a claim for cervical post laminectomy syndrome, panic disorder without agoraphobia, depressive disorder, shoulder pain, pulmonary valve disorder, asthma, brachial neuritis, and hypothyroidism associated with an industrial injury date of 7/21/2003. Medical records from 2006 to 2014 were reviewed. Patient complained of chronic, severe pain at multiple body areas. He had a history of multiple pain generators including failed neck syndrome, as well as a history of lumbar degenerative disease with chronic lumbar pain and radiculopathy. Patient had a history of medication-induced gastritis. Patient ambulated using a four-wheel walker. Patient reported increased low back and neck pain, as well as numbness over the bilateral upper and lower extremities. Pain was rated 10/10 in severity, and relieved to 3/10 upon intake of medications. Patient was not able to increase tolerance in mobility and home exercises secondary to pain. No side effects were reported. Intake of medications provided overall quality of life with improved performance in activities of daily living. Urine drug screens were appropriate as stated. Physical examination of the lumbar spine showed tenderness and positive straight leg raise test bilaterally. Strength and sensation were diminished at right upper extremity and bilateral lower extremity muscles. Deep tendon reflexes were decreased but equal. Sciatic notch tenderness was positive bilaterally. Treatment to date has included cervical surgery, physical therapy, and medications such as methadone, Norco, tizanidine, nizatidine, amitriptyline, alprazolam, Restoril, and Zoloft (since at least March 2014). The present request for a psychiatric evaluation was necessary for monitoring of depression/anxiety and also to take over the management of benzodiazepines. On the other hand, psychological evaluation was also necessary for a spinal cord stimulator trial clearance per routine. Utilization review from 9/24/2014 denied the request for 1 prescription of Nizatidine 150mg #120 because of lack of symptoms consistent with gastrointestinal irritation and also the

absence of risk factors that may necessitate these medications; denied 1 prescription of Tizanidine HCL 4mg #90 with 3 refills because long-term use was not recommended and there was no evidence of muscle spasm; denied 1 prescription of Norco 10/325 mg #180 because of absence of significant benefit from medication use; denied 1 prescription of Methadone HCL 10mg #240 because of absence of significant benefit from medication use; certified the request for 1 psychological evaluation for spinal cord stimulator trial clearance because patient should be determined to be psychologically fit prior to a spinal cord stimulator trial; modified the request for 1 psychiatric evaluation for monitoring of depression/anxiety and to take over the management of Benzodiazepines into one psychiatric evaluation because this was also related to a certified psychological evaluation; and denied 1 seated adult walker with hand brakes between 9/8/2014 and 11/21/2014 because there was no discussion concerning need for a replacement of patient's current equipment.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Nizatidine 150mg #120: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse, University of Michigan Health System, Gastroesophageal reflux disease (GERD), Ann Arbor (MI), 2012 May 12 p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: US Food and Drug Administration (Nizatidine)

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Food and Drug Administration was used instead. The US Food and Drug Administration states that Nizatidine is an H2 receptor antagonist indicated in the treatment of active gastric or duodenal ulcers, or for endoscopically diagnosed erosive esophagitis. In this case, patient has been on chronic pain medications and is diagnosed with medication-induced gastritis. Nizatidine is prescribed since at least March 2014. The medical necessity for H2 receptor antagonist has been established. Therefore, the request for 1 prescription of Nizatidine 150mg #120 is medically necessary.

1 prescription of Tizanidine HCL 4mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex), Muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Muscle Relaxant Page(s): 63.

Decision rationale: According to page 63 of the CA MTUS Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the patient has been on Tizanidine since at least March 2014. However, long-term use of muscle relaxant is not recommended. Moreover, the most recent physical examination failed to show evidence of muscle spasm. Therefore, the request for 1 prescription of Tizanidine HCL 4mg #90 with 3 refills is not medically necessary.

1 prescription of Norco 10/325 mg #180: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient was prescribed Norco since at least March 2014. Patient reported increased low back and neck pain, as well as numbness over the bilateral upper and lower extremities. Pain was rated 10/10 in severity, and relieved to 3/10 upon intake of medications. No side effects were reported. Intake of medications provided overall quality of life with improved performance in activities of daily living. Urine drug screens were likewise appropriate as stated. Guideline criteria for continuing opioid management were met. Therefore, the request for 1 prescription of Norco 10/325 mg #180 is medically necessary.

1 prescription of Methadone HCL 10mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone; Opioids Page(s): 61-62; 78.

Decision rationale: Page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. The California MTUS on pages 61-62 also indicate that methadone is recommended as a second line drug for moderate to severe pain if the potential benefit outweighs the risk. In this case, patient was prescribed methadone since at least March 2014. Patient reported increased low back and neck pain, as well as numbness over the bilateral upper and lower extremities. Pain was rated 10/10 in severity, and relieved to 3/10 upon intake of medications. No side effects were reported. Intake of medications provided overall quality of

life with improved performance in activities of daily living. Urine drug screens were likewise appropriate as stated. However, it is not clear why he was placed on methadone since it is only recommended as a second line drug, as stated above. The patient is only on Norco and there is no documentation concerning failure of other stronger opioids such as Oxycodone or Fentanyl. The medical necessity for this medication has not been established. Therefore, the request for 1 prescription of Methadone HCL 10mg #240 is not medically necessary.

1 psychological evaluation for spinal cord stimulator trial clearance: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, SCS (Spinal cord stimulators).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators Page(s): 101, 107. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) <Chapter 7, Independent Medical Examinations and Consultations, page(s) <127>

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. Pages 101, 107 of the CA MTUS Chronic Pain Medical Treatment cited that criterion for spinal cord stimulator placement includes psychological clearance for the procedure. In this case, patient complained of chronic, severe pain at multiple body areas. He had a history of lumbar degenerative disease with chronic lumbar pain and radiculopathy. Patient reported increased low back and neck pain, as well as numbness over the bilateral upper and lower extremities. Symptoms persisted despite physical therapy and medications; hence, the most recent treatment plan included a spinal cord stimulator trial. Patient likewise has a known depressive disorder and panic disorder without agoraphobia. Current medications include amitriptyline, alprazolam, Restoril, and Zoloft. The medical necessity for referral to a psychologist has been established. Therefore, the request for 1 psychological evaluation for spinal cord stimulator trial clearance is medically necessary.

1 psychiatric evaluation for monitoring of depression/anxiety and to take over the management of Benzodiazepines: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page(s) 127.

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. Pages

101, 107 of the CA MTUS Chronic Pain Medical Treatment cited that criterion for spinal cord stimulator placement includes psychological clearance for the procedure. In this case, patient has a known depressive disorder and panic disorder without agoraphobia. Current medications include amitriptyline, alprazolam, Restoril, and Zoloft. Frequent monitoring of patient's response to current treatment regimen is paramount in managing chronic pain conditions, hence, need for a psychiatric care has been established. Therefore, the request for 1 psychiatric evaluation for monitoring of depression/anxiety and to take over the management of benzodiazepines is medically necessary.

1 seated adult walker with hand brakes between 9/8/2014 and 11/21/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee and Leg (Acute and Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Walking aids (Walkers)

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines was used instead. ODG recommends assistive devices for ambulation to reduce pain associated with osteoarthritis. Frames or wheeled walkers are preferable for patients with bilateral disease. In this case, patient complained of chronic, severe pain at multiple body areas. He had a history of multiple pain generators including failed neck syndrome, as well as a history of lumbar degenerative disease with chronic lumbar pain and radiculopathy. Patient reported increased low back and neck pain, as well as numbness over the bilateral upper and lower extremities. Pain was rated 10/10 in severity, and relieved to 3/10 upon intake of medications. Patient was not able to increase tolerance in mobility and home exercises secondary to pain. Physical examination of the lumbar spine showed tenderness and positive straight leg raise test bilaterally. Strength and sensation were diminished at right upper extremity and bilateral lower extremity muscles. Deep tendon reflexes were decreased but equal. Sciatic notch tenderness was positive bilaterally. Patient presented with impairment and activity restrictions, which may necessitate use of a walker. However, patient was already using a four-wheel walker and there was no discussion why replacement of equipment was necessary. The medical necessity cannot be established due to insufficient information. Therefore, the request for 1 seated adult walker with hand brakes between 9/8/2014 and 11/21/2014 was not medically necessary.