

Case Number:	CM14-0020945		
Date Assigned:	04/30/2014	Date of Injury:	12/07/2005
Decision Date:	07/23/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/19/2014

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 & Rehabilitation and is licensed to practice in Texas. 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 45 year old female who reported an injury on 12/07/2005. The mechanism of injury was not provided in the clinical documentation provided. The clinical note dated 01/16/2014 reported the injured worker complained of low back pain and bilateral thigh pain and right ulnar forearm pain. The injured worker rated her pain 8-10/10 without medications. The injured worker reported she had constant low back ache, which is exacerbated by activity and prolonged position, including severe pain upon awakening. The injured worker was prescribed Oxycodone, Elavil, Neurontin, Pepcid, and Zanaflex. The injured worker also reported pain level fluctuates and activity level depends on her pain. The physical exam noted the injured worker ambulates without assistive devices, also had severe tenderness to palpation over lateral right forearm and wrist, moderate tenderness to palpation over lumbosacral region and upper buttocks and bilateral sacroiliac joints. The physician noted lumbar flexion reduced to 35 degrees, straight leg raises elicit tremor in legs and diffuse low back pain at only 15 degrees elevation. Patrick's test noted ipsilateral severe pain over sacroiliac joint radiating to buttock. The injured worker had diagnoses of chronic low back pain, right lower extremity pain, history of one lumbar spine fusion surgery, bilateral upper extremity pain, bilateral de Quervain's tenosynovitis and chronic pain syndrome. The provider recommended the injured worker to continue with the use of heat, ice and rest, with gentle stretching and exercise. The provider requested Pepcid 40mg, #30, Zanaflex 4mg, #120, Zanaflex 4mg, #60, Gabapentin 300mg, #270, Gabapentin 300mg, #270, and bilateral sacroiliac joint injections. The request for authorization was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

PEPCID 40MG, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request for Pepcid 40 mg, # 30 is non-certified. The injured worker complained of low back pain and bilateral thigh pain and right ulnar forearm pain. The injured worker rated her pain 8-10/10 without medications. The injured worker reported she had constant low back ache, which is exacerbated by activity and prolonged position, including severe pain upon awakening. The California MTUS guidelines recommend for treatment of dyspepsia secondary to NSAID therapy, the guidelines note to stop the NSAID, switch to a different NSAID or consider H2-receptor antagonist or PPI. There is a lack of clinical documentation noting the injured worker complained of or was diagnosed with dyspepsia. In addition no documentation noting the injured worker was on NSAID therapy warranting the use of an H2 receptor. Given the clinical information submitted there is a lack of clinical findings indicating the medical necessity of Pepcid. Therefore, the request for Pepcid 40 mg, # 30 is non-certified.

ZANAFLEX 4MG, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Sedating Muscle Relaxants Page(s): 63 &66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids Gi Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: The request for Zanaflex 4 mg, #120 is non-certified. The injured worker complained of low back pain and bilateral thigh pain and right ulnar forearm pain. The injured worker rated her pain 8-10/10 without medications. The injured worker reported she had constant low back ache, which is exacerbated by activity and prolonged position, including severe pain upon awakening. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The guidelines also note Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. There is a lack of documentation noting the injured worker had objective findings of muscle spasms. Additionally there was a lack of documentation of the length of treatment the injured worker had with the requested medication, the guidelines recommend only a short-term treatment. Given the clinical information submitted there was a lack of documentation indicating the medical necessity of the Zanaflex 4 mg # 120. Therefore, is non-certified.

ZANAFLEX 4MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Sedating Muscle Relaxants Page(s): 63 &66.

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

Decision rationale: The request for Zanaflex 4 mg # 60 is non-certified. The injured worker complained of low back pain and bilateral thigh pain and right ulnar forearm pain. The injured worker rated her pain 8-10/10 without medications. The injured worker reported she had constant low back ache, which is exacerbated by activity and prolonged position, including severe pain upon awakening. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The guidelines also note Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. There is a lack of documentation noting the injured worker had objective findings of muscle spasms. Additionally there was a lack of documentation of the length of treatment the injured worker had with the requested medication, the guidelines recommend only a short-term treatment. Given the clinical information submitted there was a lack of documentation indicating the medical necessity of the Zanaflex 4 mg # 120. Therefore, is non-certified.

GABAPENTIN 300MG, #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Convulsant Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16-18.

Decision rationale: The request for Gabapentin 300 mg, # 270 is non-certified. The injured worker complained of low back pain and bilateral thigh pain and right ulnar forearm pain. The injured worker rated her pain 8-10/10 without medications. The injured worker reported she had constant low back ache, which is exacerbated by activity and prolonged position, including severe pain upon awakening. The California MTUS guidelines note Gabapentin has been shown to be effective for treatment of diabetic and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. There is a lack of objective clinical findings noting the injured worker had an indication of neuropathic pain. Therefore, the request for Gabepentin 300 mg # 270 is non-certified.

OXYCODONE IR 15MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The request for Oxycodone IR 15 mg, #60 is non-certified. The injured worker complained of low back pain and bilateral thigh pain and right ulnar forearm pain. The injured worker rated her pain 8-10/10 without medications. The injured worker reported she had constant low back ache, which is exacerbated by activity and prolonged position, including severe pain upon awakening. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines note a pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider failed to provide an adequate and complete pain assessment within the documentation. There is lack of documentation indicating the medication had been providing objective functional benefit and improvement. The request submitted failed to prove the frequency of the medication. Additionally the use of a urine drug screen was not provided in the documentation submitted. There was lack of documentation indicating the length of time the injured worker had been utilizing the medication. Therefore, the request for Oxycodone IR 15 mg, # 60 is non-certified.

BILATERAL SI JOINT INJECTIONS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip/Pelvis, Sacroiliac joint blocks.

Decision rationale: The request for Bilateral Sacroiliac Joint Injections is non-certified. The injured worker complained of low back pain and bilateral thigh pain and right ulnar forearm pain. The injured worker rated her pain 8-10/10 without medications. The injured worker reported she had constant low back ache, which is exacerbated by activity and prolonged position, including severe pain upon awakening. The Official Disability Guidelines recommend a SI joint injection as an option if the injured worker has failed at least 4-6 weeks of aggressive conservative therapy as indicated below. The history and physical should suggest the diagnosis with documentation of at least 3 positive exam findings of specific tests for motion palpation and pain provocation have been described for SI joint dysfunction: Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test (One Legged-Stork Test); Patrick's Test (FABER); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock.. There is a lack of objective findings indicating the injured worker had SI joint dysfunction. Additionally there was a lack of clinical documentation of conservative care which was tried and

failed. Given the clinical information, the request for Bilateral Sacroiliac joint injections is non-certified.