

Case Number:	CM14-0043969		
Date Assigned:	07/02/2014	Date of Injury:	01/13/2010
Decision Date:	08/26/2014	UR Denial Date:	03/08/2014
Priority:	Standard	Application Received:	04/10/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Ohio and 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 23-year-old male who reported a heavy pulling injury on 01/13/2010. On 02/13/2014, he reported his pain level as 7/10. He described the pain as dull and sharp radiating into the left ankle and foot. His pain was relieved by sitting, stretching, medication, and chiropractic treatments. His pain was exacerbated by prolonged standing, prolonged walking, walking up stairs and changing from a sitting to standing position. He also reported that acupuncture and shockwave therapy helped control his pain. Regarding his bilateral lower back injury, he described the pain as dull, sharp, throbbing and shooting, radiating into both buttocks and lower extremities. His back pain was reduced by lying down, medication, stretching, chiropractic treatments and resting. His low back pain was exacerbated by bending, lifting, prolonged sitting, prolonged standing, and prolonged walking. He rated his mid and upper back pain as 8/10. He reported experiencing gastritis and rated that on a pain scale of 8/10. He described his gastritis as cramping which was relieved by medication. His lumbar spine ranges of motion measured in degrees were flexion 40/60 and extension 15/25. His left knee flexion was 135/150 degrees. He had a positive straight leg raising test on the left and positive bilateral Kemp's test. His diagnoses included tenosynovitis of the left knee, "lumbar disc 8.2 mm L5-S1," sacroiliitis, thoracalgia, and probable gastritis from medications. His medications included Norco 5/325 mg, tramadol ER 150 mg, tizanidine 4 mg, Atarax with no dosage noted, gabapentin 600 mg, and omeprazole 20 mg. The rationales listed were, gabapentin for neuropathic pain, Prilosec for protection from the effects of NSAIDS and other medications, and Ultram for post injury pain control. Requests for authorization for all 4 medications dated 02/13/2014 were included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg, #60 for treatment of the left knee and lumbar spine: 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 Gabapentin (Neurontin) Page(s): 49.

Decision rationale: The request for Neurontin 600 mg #60 for treatment of the left knee and lumbar spine is not medically necessary. According to the California MTUS Guidelines, Neurontin is an anticonvulsant which 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. The injured worker was noted to be utilizing Neurontin for neuropathic and it was shown to be effective. However, the submitted request did not include frequency of administration. Therefore, this request for Neurontin 600 mg #60 for treatment of the left knee and lumbar spine is not medically necessary.

Prilosec 20mg, #90 for treatment of gastritis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors.

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

Decision rationale: The request for Prilosec 20 mg, #90 for treatment of gastritis is not medically necessary. The California MTUS Guidelines suggest that clinicians should weigh the indications for NSAIDs against GI risk factors. To determine if a patient is at risk for gastrointestinal events, risk factors include age greater than 65 years, history of peptic ulcer, GI bleeding, or perforation, concurrent use of aspirin, corticosteroids and/or anticoagulants and high dose/multiple NSAIDs. Based on the above criteria, this worker is at no risk for gastrointestinal events. He is not taking any NSAIDs, nor does he have any gastrointestinal history. Additionally, the request did not include frequency of administration. Therefore, this request for Prilosec 20 mg, #90 for treatment of gastritis is not medically necessary.

Ultram 50mg, #60 for treatment of the left knee and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing use of opioids medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The request for Ultram 50 mg, #60 for treatment of the left knee and lumbar spine is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use including, documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain, intensity of pain before and after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Satisfactory response to treatment may be indicated by decreased pain, increased level of function, or improved quality of life. Information from family members or other care givers should be considered in determining the patient's response to treatment. Opioids should be continued if the injured worker has returned to work or has improved functioning and decreased pain. For chronic back pain, opioids appear to be efficacious but limited for short-term pain relief. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDS, and antidepressants. When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to but not substituted for, the less efficacious drugs. Long-term use may result in immunological or endocrine problems. There was no documentation in the submitted chart to attest to appropriate long-term monitoring, evaluations, including psychosocial assessment, side effects, failed trials of NSAIDS, aspirin, or antidepressants, quantified efficacy, drug screens, or collateral contacts. Additionally, there was no frequency specified in the request. Without the frequency, morphine equivalency dosage cannot be calculated. Therefore, this request for Ultram 50 mg #60 for treatment of the left knee and lumbar spine is not medically necessary.

Zanaflex 4mg, #90 for treatment of the left knee and lumbar spine: Upheld

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

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

Decision rationale: The request for Zanaflex 4 mg #90 for treatment of the left knee and lumbar spine is not medically necessary. The California MTUS Guidelines recommend that no sedating muscle relaxants be used with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In most low back pain cases, they show no benefit beyond NSAIDS. Efficacy appeared to diminish over time, and prolonged use of some medications in this class may lead to dependence. Decisions are based on evidence based criteria, muscle relaxants are supported for only short-term use. Chronic use would not be supported by the guidelines. Zanaflex is a centrally acting alpha 2 adrenergic agonist that is FDA approved for management of spasticity. The submitted documentation does not identify spasticity as a symptom. There is no documentation of significant functional benefit with the use of Zanaflex. Additionally, there was no frequency of administration specified with the request. Therefore, this request for Zanaflex 1 mg #90 for the treatment of left knee and lumbar spine is not medically necessary.