

Case Number:	CM14-0045351		
Date Assigned:	07/02/2014	Date of Injury:	04/29/2012
Decision Date:	08/27/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/01/2014

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 Family Medicine and is licensed to practice in Utah. 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 patient is a 49 year-old female. The patient's date of injury is 4/29/2012. The mechanism of injury is not stated in the clinical documents. The patient has been diagnosed with intervertebral disc displacement, facet arthropathy, radiculopathy, spinal stenosis, and chronic pain. The patient's treatments have included imaging studies, injections, rest and medications. The physical exam findings, dated April 14, 2014 show the inspection of the lumbar spine has no gross abnormality. A spasm is noted in the right paraspinal musculature. There was tenderness noted upon palpation bilaterally in the paravertebral area of L4 to S1. The range of motion was reported as moderately limited. There was pain noted with flexion and extension. The lower leg reflexed were within normal limits, and a straight leg test was reported as negative bilaterally. The patient's medications have included, but are not limited to, Gabapentin, Naproxen, Tizanidine, Senokot, and Hydrocodone/Acetaminophen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg 1 po q12hr prn #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) pages 66-73 Page(s): 66-73.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Naproxen. MTUS guidelines state the following: These medications are recommended at the lowest dose for the shortest period in patient with moderate to severe pain. Documentation for activities of daily living, adverse side effects, and aberrant drug usage is required. The clinical documents state the patient has been compliant with the medication and documentation for activities of daily living, adverse side effects, and aberrant drug usage are documented appropriately. According to the clinical documentation provided and current MTUS guidelines; Naproxen is indicated as a medical necessity to the patient at this time.

Tizanidine Hcl 2mg 1 po qd prn #45: Overturned

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: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Tizanidine. MTUS guidelines state the following: Tizanidine indicated for as an option for use in short course of therapy. MTUS states that treatment course should be brief. The clinical documents state the patient is having muscle spasm. According to the clinical documentation provided and current MTUS guidelines; Tizanidine is indicated as a medical necessity to the patient at this time.

Senokot-s Tab 8.6-50mg 1 po q12hrs #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing therapy Page(s): 77.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Senokot. MTUS guidelines state the following: Prophylactic treatment of constipation should be initiated. The clinical documents state that the patient is currently on Opioids. According to the clinical documentation provided and current MTUS guidelines; Senokot is indicated as a medical necessity to the patient at this time.

Hydrocodone-Acetaminophen 5-300g 1 po BID #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 75-79.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. According to the clinical documents, the above mentioned criteria are stated in the progress note of Feb 03, 2014. According to the clinical documentation provided and current MTUS guidelines; Hydrocodone-Acetaminophen is a medical necessity to the patient at this time.

Gabapentin 300mg 1 po qhs #45: 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 Page(s): 16, 49.

Decision rationale: MTUS guidelines were reviewed in regards to this specific case. Clinical documents were reviewed. According to the above cited guidelines, Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy. To determine a good outcome, a good response to the use of AEDs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the trigger for the following: (1) a switch to a different first-line agent (tricyclic antidepressant (TCA), SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. (Eisenberg, 2007) (Jensen, 2006) 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. According to the clinical documents the patient has no clear deficit in the neurological exam. There has also been no documented improvement in pain with Gabapentin. At this time Gabapentin is not a medical necessity for this patient.