

Case Number:	CM14-0063941		
Date Assigned:	07/11/2014	Date of Injury:	03/20/2012
Decision Date:	09/18/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/06/2014

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, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Ohio. 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 with a reported date of injury on 03/20/2012. The mechanism of injury reportedly occurred when the injured worker suddenly got up from her chair and felt a pinch with sharp pain and pop in her low back with radiating pain down to her left leg. Diagnostic studies included EMG/NCS of the lower extremities dated 07/08/2013, which revealed a normal NCV of the lower extremities and an EMG consistent with chronic left L5 radiculopathy; an MRI of the thoracic spine dated 06/17/2013; and an MRI of the lumbar spine dated 09/13/2012. The injured worker's diagnoses included cervical radiculitis, chronic pain, lumbar facet arthropathy, lumbar radiculitis, disc protrusion, and medication related dyspepsia. The treatment plan included a followup with the injured worker in a month and continue medications. The injured worker presented with low back pain radiating to the left lower extremity. The pain was aggravated by activity and walking, rated at 6/10 with medications and 9/10 without medications. The clinical note dated 04/28/2014 indicated the injured worker stated her pain had increased. The physical exam of the cervical spine revealed no gross abnormality. Spinal vertebral tenderness was noted in the cervical spine C4 to C7. The range of motion of the cervical spine was moderately limited to pain. The lumbar spine physical exam revealed spasms noted in the paraspinal musculature. Tenderness was noted upon palpation in the spinal vertebral area at L4 to S1 levels. The range of motion of the lumbar spine was moderately limited secondary to pain. The injured worker's medication regimen included hydrocodone, tizanidine, pantoprazole, and Lidoderm patches. The Request for Authorization for tizanidine 4 mg quantity 60 tablets, hydrocodone/APAP 10/325 mg quantity 180 tablets, pantoprazole 20 mg quantity 60 tablets, and Lidoderm patches quantity 60 was submitted on 05/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4 MG Quantity 60 Tablets: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs: Tizanidine Page(s): 66.

Decision rationale: The California MTUS Guidelines state that tizanidine is a central acting alpha 2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. One study demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. The clinical information provided for review lacks documentation related to the injured worker's functional deficits to include range of motion values in degrees. In addition, the clinical note dated 04/28/2014, the injured worker indicates that her pain is worsening. There was a lack of documentation related to muscle spasms or stiffness. In addition, the request as submitted failed to provide for frequency and directions for use. Therefore, the request for Tizanidine 4 MG Quantity 60 Tablets is not medically necessary.

Hydrocodone/APAP 10/325 MG Quantity 180 Tablets: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines state the ongoing management of opioids should include the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The clinical information provided for review lacks documentation related to the injured worker's functional deficits to include range of motion values in degrees. In addition, the clinical note dated 04/28/2014, the injured worker rates her pain at 6/10 and indicates that her pain has worsened. The functional therapeutic benefit in the ongoing use of hydrocodone is not provided within the documentation available for review. In addition, the request as submitted failed to provide a frequency and directions for use. Therefore, the request for Hydrocodone/APAP 10/325 MG Quantity 180 Tablets is not medically necessary.

Pantoprazole 20 MG Quantity 60 Tablets: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines state that patients with intermittent risk for gastrointestinal events and no cardiovascular disease would be provided a nonselective NSAID with either a PPI (proton pump inhibitor, for example, 20 mg omeprazole daily) or a COX-2 selective agent. Long-term PPI use has been shown to increase the risk of hip fracture. In addition, to determine if the patient is at risk for gastrointestinal events, documentation would include age greater than 65 years; history of peptic ulcer, GI bleeding; or perforation; concurrent use of aspirin, corticosteroids, or an anticoagulant; or high dose multiple NSAID use. The clinical information provided for review lacks documentation related to the injured worker's risk for gastrointestinal events and/or signs or symptoms of a gastrointestinal disorder. The rationale for the ongoing use of Pantoprazole is not provided within the documentation available for review. In addition, the request as submitted failed to provide for frequency and directions for use. Therefore, the request for Pantoprazole 20 MG Quantity 60 Tablets is not medically necessary.

Lidoderm Patches Quantity 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56.

Decision rationale: The California MTUS Guidelines recommend Lidoderm for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or an AED such as Gabapentin or Lyrica). This is not a first line treatment as only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. The clinical information provided for review lacks documentation related to the injured worker suffering from postherpetic neuralgia. In addition, there is a lack of documentation related to trials of first line therapy to include antidepressants or AEDs, and the subsequent failure of those medications. In addition, the request as submitted failed to provide frequency, directions for use, and the specific site at which the Lidoderm patches were to be utilized. Therefore, the request for Lidoderm Patches Quantity 60 is not medically necessary.