

Case Number:	CM14-0064821		
Date Assigned:	07/11/2014	Date of Injury:	06/02/2003
Decision Date:	09/08/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/07/2014

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 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:

The patient is a 58 year old female who sustained an industrial injury on 06/02/2003. The patient underwent L4-L5 decompression and fusion with cages, pedicle screws on 8/23/2011. A prior peer review on 3/11/2014 provided certification of Ultram ER 200mg #30, with warning that certification was provided either initiation of downward titration and complete discontinuation of opioid on subsequent review, due to non-compliance of opioid guidelines, or to allow opportunity for submission of MTUS opioid mandated documentation including ongoing efficacy with medication use. A prior peer review on 4/9/2014 recommended non-certification of Tizanidine, Tramadol 50mg, and Tramadol ER, partial certification of Gabapentin 600 mg to allow 1 month supply, partial certification of Zanaflex 4 mg to allow #20 count, and partial certification of diagnostic hardware block and/or MBB to allow the diagnostic hardware block. The patient underwent a pain management consultation with [REDACTED] on 1/24/2014, regarding complaint of low back pain radiating down left buttock and right leg to the knee. She reported pain level 8/10 without medication and 6/10 with medication. Examination documented ambulates with cane, decreased back ROM in all planes, + TTP lumbar paraspinous area, lumbar surgical scar noted, and + TTP to sacroiliac joint bilaterally. Diagnostic impression: depressive disorder, degenerative lumbar, postlaminectomy syndrome. The plan of treatment included: 1. tizanidine, 2. take current medications as prescribed: Tramadol 50mg bid, Gabapentin 600mg tid, Tramadol ER 200 mg qhs, discussed changing paroxetine to Cymbalta, tolerance of Neurontin may improve by changing to once daily gralise; 3. Request diagnostic hardware blocks; 4. Request diagnostic bilateral L5 MBB; 5. If above fails consider spinal cord stimulator trial; 6. DEA activity was normal; 7. RTC after diagnostic injections for further recommendations. According to the PTP progress report dated 2/12/2014, the patient presents for follow-up for low back pain with right leg sciatica. She completed an evaluation with [REDACTED] on 1/24/2014,

per report recommended: 1. Trial of Tizanidine for spasm and sleep aid. She has been taking Tizanidine, still gets 2-3 hours sleep per night. 2. Continue tramadol ER at bedtime plus Tramadol 50mg twice daily. She is doing this, and is to continue Gabapentin 600mg. 3. There is suggestion she consider changing paroxetine to Cymbalta. She has not done this yet, the physician reinforced the rationale for change in that Cymbalta has indication for depression and back pain. There is recommendation for diagnostic hardware block and/or diagnostic L5-S1 medial branch blocks to assess the pain generator. The patient's current symptoms continue to be pain across the low back with numbness and tingling into the right leg, primarily to the knee level. She is noticing a return of some similar left leg symptoms. Current pain level is 5-6/10. Physical examination documents she is able to arise from chair but uses arm rest for support, ambulates with cane in left hand, right SLR positive for back and right leg pain. Assessment is persistent back pain with right greater than left leg sciatica with the following components: A. retained hardware. B. degenerative facets L5-S1. Treatment recommendations are for diagnostic injections, Tramadol ER refilled, and she is encouraged to continue Zanaflex and Gabapentin. The patient was seen for PTP follow-up on 4/15/2014 regarding primary complaint of chronic low back pain with right leg sciatica. She has not been able to get Tramadol ER refilled, as the medication has been denied. She has Tramadol 50 mg, limited to 4 per day. She is taking Tizanidine, and has a 30 day supply of Gabapentin. She has been noticing increasing pain across the back, some into the left hip, but more still into the right hip and leg. Physical examination documents she continues to depend heavily on a cane for support, she ambulates with limp on the right, has tenderness across the back in the area of the hardware, and also has some tenderness over the trochanteric bursa. Recommendations include that the patient should undergo diagnostic blocks as previously recommended, medications for pain control, and transfer of her primary care to a pain management specialist. She remains P&S.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizadine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Title 8. Industrial Relations Division 1. Department of Industrial Relations Chapter 4.5. Division of Workers' Compensation Subchapter 1. Administrative Director--Administrative Rules Article 5.5.2 Medical Treatment Utilization Schedule Chronic Pain Medical Treatment guidelines identify criteria for muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 66.

Decision rationale: The CA MTUS recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Recommended for a short course of therapy. Tizanidine is FDA approved for management of spasticity; unlabeled use for low back pain. The patient had been recommended Tizanidine for spasms and sleep. However, the patient reported no improvement in sleep quality/duration and there are no evidence of muscle spasms documented on examination. In addition, the medical

records does not demonstrate an acute exacerbation present. Given these factors, the medical necessity and appropriateness of Tizanidine has not been established.

Tramadol 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Title 8. Industrial Relations Division 1. Department of Industrial Relations Chapter 4.5. Division of Workers' Compensation Subchapter 1. Administrative Director--Administrative Rules Article 5.5.2 Medical Treatment Utilization Schedule Chronic Pain Medical Treatment guidelines identify criteria for use for a therapeutic trial of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram); Opioids Page(s): 113, 74-96.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic, it is indicated for moderate to severe pain. The guidelines state continued opioid treatment requires documented pain and functional improvement and response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The medical records do not establish these requirements have been met. The patient reported pain only decreased from 8/10 to 6/10 with medication use. She also reported increased pain. Increased function has not been demonstrated. The guidelines indicate opioids may be continued if the patient has returned to work and if the patient has improved functioning and pain. If there is no overall improvement, opioids should be discontinued. In review of the medical records, there has not been any discernible benefit with Tramadol, and therefore, continuation is not recommended. The medical necessity of Tramadol has not been established.

Gabapentin 600mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Title 8. Industrial Relations Division 1. Department of Industrial Relations Chapter 4.5. Division of Workers' Compensation Subchapter 1. Administrative Director--Administrative Rules Article 5.5.2 Medical Treatment Utilization Schedule Chronic Pain Medical Treatment guidelines note that anti-epilepsy drugs (AEDs) are also referred to as anti-convulsants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDS) Page(s): 16-19.

Decision rationale: According to the CA MTUS guidelines, antiepilepsy drugs are recommended for neuropathic pain. The guidelines document that Gabapentin 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 patient's diagnosis is persistent back pain with right greater than left leg sciatica. The medical records do not document any decreased paresthesias with use of Gabapentin. Also does not indicate this medication has provided any reduction in pain level, or objective evidence of improved function. The guidelines state that 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. 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. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Based on the CA MTUS guidelines and criteria as well as the clinical documentation stated above, the request for Gabapentin is not medically necessary.

Zanaflex 4mg #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Title 8. Industrial Relations Division 1. Department of Industrial Relations Chapter 4.5. Division of Workers' Compensation Subchapter 1. Administrative Director--Administrative Rules Article 5.5.2 Medical Treatment Utilization Schedule identify criteria for muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain) Page(s): 63-64.

Decision rationale: The CA MTUS recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Recommended for a short course of therapy. Zanaflex is FDA approved for management of spasticity; unlabeled use for low back pain. The medical records do not establish muscle spasms present on examination, and do not establish the patient presented with an acute exacerbation. Chronic use of muscle relaxants is not recommended under the guidelines. Given these factors, the medical necessity and appropriateness of Zanaflex has not been established.

Diagnostic hardware block and/or diagnostic medial branch block at L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines TWC Low Back Procedure Summary last updated 03/18/2014 -Hardware injection (block) Diagnostic blocks for facet "mediated" pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet Injections; Facet joint pain, signs & symptoms; Hardware injection (block).

Decision rationale: CA MTUS guidelines do not discuss the issue in dispute. According to the ODG, consideration for lumbar facet joint medial branch blocks require relevant criteria be met. Such as the injections must be limited to patients with low-back pain that is non-radicular. The patient consistently reports ongoing radicular symptoms from the low back into the right lower extremity to the knee, and also describes noticing a return of some similar left leg symptoms. Facet/MBB are not recommended in the presence of radicular symptoms. There is no subjective or objective clinical evidence of facet mediated pain. Consequently, the patient is not a candidate for medial branch blocks. The patient underwent L4-5 fusion with instrumentation in 2011. The guidelines start hardware injection is recommended only for diagnostic evaluation of failed back surgery syndrome. This injection procedure is performed on patients who have undergone a fusion with hardware to determine if continued pain is caused by the hardware. The patient may

be a candidate for diagnostic hardware block, although the medical records do not provide subjective and objective clinical findings that clearly indicate hardware may be the source of her pain, it would be reasonable to perform the block to rule out/in the hardware as primary source of pain. The medical necessity of the requested hardware block procedure has been established.

Tramadol extended release at hs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Title 8. Industrial Relations Division 1. Department of Industrial Relations Chapter 4.5. Division of Workers' Compensation Subchapter 1. Administrative Director--Administrative Rules Article 5.5.2 Medical Treatment Utilization Schedule Chronic Pain Medical Treatment guidelines identify criteria for use for a therapeutic trial of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram); Opioids Page(s): 113; 74-96.

Decision rationale: According to the CA MTUS Guidelines, Ultram (Tramadol) is recommended as a second-line treatment (alone or in combination with first-line drugs). Tramadol is indicated for moderate to severe pain. Long-acting opioids: also known as "controlled-release", "extended-release", "sustained-release" or "long-acting" opioids, are a highly potent form of opiate analgesic. The proposed advantage of long-acting opioids is that they stabilize medication levels, and provide around-the-clock analgesia. The guidelines state continued opioid treatment requires documented pain and functional improvement and response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The medical records do not establish these requirements have been met. The patient reported pain only decreased from 8/10 to 6/10 with medication use. She also reported increased pain. Increased function has not been demonstrated. The guidelines indicate opioids may be continued if the patient has returned to work and if the patient has improved functioning and pain. If there is no overall improvement, opioids should be discontinued. In review of the medical records, there has not been any discernible benefit with Tramadol, and therefore, continuation is not recommended. The medical necessity of Tramadol has not been established.