

Case Number:	CM14-0084259		
Date Assigned:	07/21/2014	Date of Injury:	04/07/2000
Decision Date:	09/17/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	06/06/2014

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 General Preventive Medicine and is licensed to practice in Indiana. 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:

This patient is a 55 year old male employee with date of injury of 4/7/2000. A review of the medical records indicates that the patient is undergoing treatment for lumbosacral radiculopathy, knee tendinitis, and lumbago. Subjective complaints include dull, aching, back pain with radiation to lower extremities bilaterally. Objective findings include spasm and tenderness in paravertebral muscles of lumbar spine with decreased range of motion; decreased sensation in L4-S1 dermatomes. Treatment has included physical therapy, Percocet, Zanaflex, and Lorazepam, spinal cord stimulation, and a neuro-modulation unit. The utilization review dated 5/6/2014 non-certified Neurontin, Levaquin, and Percocet and modified Zanaflex 4mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Request for Neurontin 300 Mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, insomnia.

Decision rationale: The MTUS considers Gabapentin as a first-line treatment for neuropathic pain and effective for the treatment of spinal cord injury, lumbar spinal stenosis, and post op pain. MTUS also recommends a trial of Gabapentin for complex regional pain syndrome. The ODG states "Recommended Trial Period: One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based treatment algorithms for diabetic neuropathy suggests that if inadequate control of pain is found, a switch to another first-line drug is recommended." The treating physician does document neuropathic pain but the treating physician did not document improved functionality and decreased pain after starting Gabapentin. Based on the clinical documentation provided, there is no evidence that after starting a trial of Gabapentin that the patient was asked at each subsequent visit if the patient had decreased pain and improved functionality. As such, the request for Neurontin 300 mg #100 is not medically necessary.

Prospective Request for Lavaquin 500 Mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Meds for Chronic Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up To Date: Levaquin www.uptodate.com, Levaquin (Levofloxacin) prescribing information. Ortho-McNeil-Janssen Pharmaceuticals, Inc. Raritan, NJ. <http://www.levaquin.com/levaquin/shared/pi/levaquin.pdf#zoom=100> (Accessed on November 05, 2009).

Decision rationale: The MTUS is silent on Levaquin. Up To Date.com is a standard hospital reference for physicians and it states that Levaquin, an antibiotic, is utilized for specific conditions such as osteomyelitis or pneumonia or for pre-operative treatment. The employee does not have any of these conditions and is not preparing for a surgery. The medical records provided make no reference to any indications that would require this antibiotic. Therefore, the request for Levaquin 500 mg is not medically necessary.

Prospective Request for Percocet 10/325Mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids.

Decision rationale: Percocet (Oxycodone with acetaminophen) is a short-acting opioid. Chronic pain guidelines and ODG do not recommend opioid "except for short use for severe cases, not to exceed 2 weeks" and "Routine long-term opioid therapy is not recommended, and ODG recommends consideration of a one-month limit on opioids for new chronic non-malignant pain

patients in most cases, as there is little research to support use. The research available does not support overall general effectiveness and indicates numerous adverse effects with long-term use. The latter includes the risk of ongoing psychological dependence with difficulty weaning." Medical documents indicate that the patient has been on Percocet for several months, in excess of the recommended 2-week limit. Additionally, indications for when opioids should be discontinued include "If there is no overall improvement in function, unless there are extenuating circumstances". The medical records indicate that the overall pain level has increased over the last several months and there is lack of documentation of overall improvement in function', which are indications of when an opioid should be discontinued. As such, the request for Percocet 10/325MG #120 is not medically necessary.

Prospective Request for Zanaflex 4 Mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Zanaflex Page(s): 63-67.

Decision rationale: Zanaflex is a muscle relaxant. The MTUS states concerning muscle relaxants "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. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain 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. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Drugs with the most limited published evidence in terms of clinical effectiveness include Chlorzoxazone, Methocarbamol, Dantrolene and Baclofen. According to a recent review in American Family Physician, skeletal muscle relaxants are the most widely prescribed drug class for musculoskeletal conditions (18.5% of prescriptions), and the most commonly prescribed antispasmodic agents are Carisoprodol, Cyclobenzaprine, Metaxalone, and Methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." The MTUS states, "Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study (conducted only in females) 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. May also provide benefit as an adjunct treatment for fibromyalgia." The employee has been on Zanaflex, and there is no documentation as to the functional improvement, and since efficacy decreases over time, as stated above, the Zanaflex 4mg #120 is not medically necessary.