

Case Number:	CM14-0086204		
Date Assigned:	07/23/2014	Date of Injury:	03/02/2006
Decision Date:	10/29/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/09/2014

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, has a subspecialty in Family Practice and is licensed to practice in 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 66 year old male with a history of lumbar fusion from L2-S1 in 2012. He continues to have severe low back pain with radiation into the right lower extremity associated with numbness. The physical exam reveals diminished lumbar range of motion, tenderness to palpation and spasm of the lumbosacral region with no evidence of atrophy of the lower extremities. His quality of life is worsening and he was being considered for a revision fusion surgery. The diagnoses include postlaminectomy syndrome, lumbar radiculopathy, lumbar degenerative disc disease, chronic pain syndrome, scoliosis, muscle spasms, nausea from opioids, and anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #270 as 3 month supply: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG), Pain, Muscle relaxants

Decision rationale: The official disability guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term (less than two weeks) treatment of acute low

back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. There is fair evidence that cyclobenzaprine, carisoprodol, orphenadrine, and tizanidine are effective compared to placebo in patients with musculoskeletal conditions (primarily acute back or neck pain). Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity but there is unlabeled use for low back pain. In this instance, the Tizanidine has been used chronically and the injured worker's symptoms seem to be worsening. The quantity of Tizanidine requested suggests that its use is intended to be chronic. Therefore, the request for Tizanidine 4mg #270 as a 3 month supply is not medically necessary.

Ondansetron 8mg #90 as 3 months supply: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Ondansetron, Promethazine

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Anti-emetics (for opioid nausea)

Decision rationale: Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. The differential diagnosis includes gastroparesis (primarily due to diabetes). Current research for treatment of nausea and vomiting as related to opioid use primarily addresses the use of antiemetics in patients with cancer pain or those utilizing opioids for acute/postoperative therapy. Recommendations based on these studies cannot be extrapolated to chronic non-malignant pain patients Zofran (Ondansetron) is not recommended for nausea and vomiting secondary to chronic opioid use. This drug is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. The reviewed record lists nausea and vomiting as a diagnosis but the reviews of systems do not indicate ongoing nausea or vomiting. There is no recent indication that a work up has been done to elucidate other possible nausea etiologies and there is no documentation to suggest that the nausea is a chronic issue at all. There is no recent documentation to suggest that other less expensive medication has been tried. Therefore, based on guidelines and a review of the evidence, the request for Ondansetron 8mg #90 as a 3 months supply is not medically necessary.

Buspar 5mg #180 as 3 months supply: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Buspirone (Buspar®)

Decision rationale: The Official Disability Guidelines recommend diagnosing and controlling anxiety as an important part of chronic pain treatment, including treatment with anxiety medications based on specific DSM-IV diagnosis. Buspirone (Buspar) is approved for short-term relief of anxiety symptoms. The efficacy is decreased in patients with recent prior benzodiazepine use. In this instance, it is unknown how long the injured worker has had anxiety or what kind of a mental health evaluation has been done previously. However, the injured worker does have an anxiety diagnosis and Buspar is indicated for treating anxiety under the guidelines. Therefore, the request for Buspar 5mg #180 as a 3 month supply is medically necessary.

Limbrel 500mg #180 as 3 months supply: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation , Pain, Limbrel (flavocoxid

Decision rationale: Limbrel is a botanical medical food, made from root and bark extracts from plants. It contains flavocoxid, a blend of two flavonoids (baicalin and catechins). It is thought to inhibit the conversion of arachidonic acid to both prostaglandins and leukotrienes. It has been used in place of nonsteroidal anti-inflammatory medications for those at risk for side effects from those drugs. Its use is not recommended based on additional evidence of adverse effects. Flavocoxid (Limbrel) has been linked to liver toxicity, which is a mild to moderate mixed hepatocellular-cholestatic hepatitis that arises 1 to 3 months after starting the medication. This appears to be a limited effect (occurring in about 0.012% of patients) as per current postmarketing surveillance. Hypersensitivity is thought to be the mechanism. Limbrel is not included on the ODG Drug Formulary because it is not a drug. Therefore, the request for Limbrel 500mg #180 is not medically necessary.