

Case Number:	CM14-0086242		
Date Assigned:	08/08/2014	Date of Injury:	12/16/2010
Decision Date:	12/02/2014	UR Denial Date:	05/19/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 61 year old male with an injury date of 12/16/10. The 04/15/14 report by [REDACTED] states that the patient presents with pain rated 8/10 and 7-10/10 since the last visit. The patient reports occasional dizziness which he attributes to Tizanidine and daily heartburn, and the report notes the patient is slightly bradycardic but the patient denies symptoms. The patient is unable to work due to pain. Examination of the cervical spine shows flexion is limited and rotation and extension are prevented by pain and guarding. Palpation of the lumbar spine reveals diffuse tenderness including both "PSIS" and the patient pulls away from palpation due to pain. Straight leg raise caused cramping in the left leg. The patient's diagnoses include lumbar and thoracic degenerative disc disease multiple levels; lumbar facet arthrosis causing current back pain exacerbation; lumbar radiculopathy from nerve roots impingement causing lower extremity pain, responded to remote epidural; thoracic spinal stenosis; L3-L4 disc extrusion with disc fragment; anxiety and depression from pain; med induced GERD and constipation; and cervical sprain/strain. Medications are listed as Norco, Neurontin, Celexa, Zanaflex, Prilosec, and Lidoderm patch. The utilization review being challenged is dated 05/19/14. The rationale regarding Lab work is that CBC and CMP are certified and HFP and RFP are not as they are included in CMP. Reports were provided from 12/06/13 to 04/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Citalopram 20mg #30 with 3 refills: Overtuned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Citalopram

Decision rationale: The patient presents with cervical and lumbar spine pain currently rated 8/10 with occasional dizziness and daily heartburn. The provider requests for Citalopram (Celexa) 20 mg #30 with 3 refills. The reports provided show the patient has been taking this medication since at least 12/06/13. MTUS Chronic Pain Medical Treatment Guidelines, SSRIs (selective serotonin reuptake inhibitors) page 107 states the following, "Not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression." MTUS does not address this medication. Official Disability Guidelines Pain Chapter, Citalopram, states this medication is an SSRI. The provider does not discuss this medication in the reports provided. The Request for Authorization is not included. The 04/15/14 report documents discussion with the patient regarding the reason for the medication, but the use is not stated in the report. The provider notes the patient's statement that without the benefit of his chronic pain regimen he would be completely incapacitated. This patient presents with chronic pain and depression for which this medication is indicated. Therefore, this request is medically necessary.

Norco 10/325mg #180 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Criteria for use of Opioids Page(s): 60-61, 88-89, 76-78.

Decision rationale: The patient presents with cervical and lumbar spine pain currently rated 8/10 with occasional dizziness and daily heartburn. The provider requests for Norco (Hydrocodone and opioid) 10/325 mg #180 with 3 refills. The reports provided show the patient has been taking this medication since at least 12/06/13. MTUS Chronic Pain Medical Treatment Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS Chronic Pain Medical Treatment Guidelines page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." On 04/15/14 the provider notes the patient's statement that without the benefit of his chronic pain regimen he would be completely incapacitated. Other than this statement, there is no documentation of analgesia using a pain scale, ADL improvements and Opiate management issues are not addressed. The provider does mention that UDS is recommended; however, no urine toxicology reports are provided or discussed. Furthermore, outcome measures are not documented as

required by MTUS. In this case, there is not sufficient documentation to support the use of long term-opioid use per MTUS. Therefore, this request is not medically necessary.

Gabapentin 300mg #180 with 3 refills: 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 Gabapentin, Medications for chronic pain Page(s): 18, 19, 60, 61.

Decision rationale: The patient presents with cervical and lumbar spine pain currently rated 8/10 with occasional dizziness and daily heartburn. The provider requests for Gabapentin 300 mg #180 with 3 refills. The reports show the patient has been taking this medication since at least 12/06/13. MTUS Chronic Pain Medical Treatment Guidelines has the following regarding Gabapentin (page 18, 19) Gabapentin (Neurontin, Gabarone, generic available) 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. MTUS Chronic Pain Medical Treatment Guidelines, Medications for chronic pain page 60 states that a record of pain and function is required. The provider does not discuss the use of this medication in the reports provided. The request for Authorization is not included. On 04/15/14 the provider notes the patient's statement that without the benefit of his chronic pain regimen he would be completely incapacitated. The patient's medication regimen includes Gabapentin. In this case, the medication is a first line treatment for neuropathic pain and the patient presents with this condition. However, the provider does not document how this medication is helping the patient's neuropathic pain. Therefore, this request is not medically necessary.

Celexa 20mg #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Citalopram

Decision rationale: The patient presents with cervical and lumbar spine pain currently rated 8/10 with occasional dizziness and daily heartburn. The provider requests for Celexa (Citalopram) 20 mg #30 with 3 refills. The reports provided show the patient has been taking this medication since at least 12/06/13. MTUS Chronic Pain Medical Treatment Guidelines, SSRIs (selective serotonin reuptake inhibitors) page 107 states the following, "Not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression." MTUS does not address this medication. Official Disability Guidelines Pain Chapter, Citalopram, states this medication is an SSRI. The provider does not discuss this medication in the reports provided. The Request for Authorization is not included. The 04/15/14 report documents discussion with the patient regarding the reason for the medication, but the use is not stated in the

report. The provider notes the patient's statement that without the benefit of his chronic pain regimen he would be completely incapacitated. In this case, the patient does have a diagnosis of depression due to chronic pain; however, it is stated that the medication is intended for treatment of depression. If intended for depression, the provider does not state the medication is of benefit to the patient. If intended for pain, it is not recommended per MTUS. Therefore, this request is not medically necessary.

Prilosec 20mg #30 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with cervical and lumbar spine pain currently rated 8/10 with occasional dizziness and daily heartburn. The provider requests for Prilosec (Omeprazole) 20 mg #30 with 2 refills. The reports show the patient has been taking this medication since at least 12/06/13. MTUS Chronic Pain Medical Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk, Page 69 state Omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. 1. Age is more than 65 years. 2. History of peptic ulcers, GI bleeding, or perforations. 3. Concurrent use of ASA, corticosteroids, and/or anticoagulant. 4. High-dose multiple NSAIDs. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. The 04/15/14 report states regarding the patient, "He reports heartburn daily despite Omeprazole. He agrees to abstain from all NAIDs." The patient also has a diagnosis of "Med induced GERD and constipation." It would appear that the patient has NSAID induced GI issues, and GERD. Therefore, this request is medically necessary.

Tizanidine 4mg #60 with 2 refills: Overturned

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

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

Decision rationale: The patient presents with cervical and lumbar spine pain currently rated 8/10 with occasional dizziness and daily heartburn. The provider requests for Tizanidine (Zanaflex) 4 mg #60 with 2 refills. The reports show the patient has been taking this medication since at least 12/16/13. MTUS Chronic Pain Medical Treatment Guidelines page 66 allow for the use of Zanaflex for low back pain, myofascial pain and fibromyalgia. On 04/14/15 the provider notes the patient's statement that without the benefit of his chronic pain regimen he would be completely incapacitated. The medication regimen includes Zanaflex. In this case, the provider

does not discuss the use of the medication in the reports provided; however, the patient does present with low back pain for which the medication is indicated. Therefore, this request is medically necessary.

Labs, CBC, CMP, HFP, RFP: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation LAB test online

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The patient presents with cervical and lumbar spine pain currently rated 8/10 with occasional dizziness and daily heartburn. The provider requests for Labs, CRC, CMP, HFP, and RFP. MTUS NSAIDs, specific drug list & adverse effects page 70 states NSAID package inserts recommend periodic lab monitoring of CBC and chemistry profile (including liver and renal function tests.) MTUS further states use with caution in patients with moderate hepatic impairment and not recommended with severe impairment. The provider does not discuss this request. The Request for Authorization is not included. The 04/15/14 report states the patient has only one kidney is notably slightly bradycardic but denies symptoms, and the patient reports his blood sugar has been unusually high recently but he cannot remember the readings or when they were taken. The patient reports daily heartburn. Given the patient's multiple medication use and medical issues, the requested labs appear medically reasonable. Therefore, this request is medically necessary.