

Case Number:	CM14-0086245		
Date Assigned:	07/23/2014	Date of Injury:	04/23/1998
Decision Date:	09/08/2014	UR Denial Date:	05/30/2014
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 Pain Management 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:

This is a male patient with the date of injury of April 23, 1998. A Utilization Review was performed on May 30, 2014 and recommended modification of 1 prescription for Gabapentin 600mg #60 with 3 refills to 1 prescription for Gabapentin with no refills between 5/27/2014 and 9/26/2014, 1 prescription for Tizanidine HCL 4mg #90 with 3 refills to 1 prescription for Tizanidine HCL 4mg #25 with no refills between 5/27/2014 and 9/26/2014, and 1 prescription for Celebrex 200mg #30 with 3 refills to 1 prescription for Celebrex 200mg #30 with no refills between 5/27/2014 and 9/26/2014; and non-certification of 4 physical therapy sessions to include inversion table therapy between 5/27/2014 and 7/28/2014. A Progress Note dated May 27, 2014 identifies Subjective findings of constant aching low back pain that has flared up to 8-9/10 related to not receiving all meds of his chronic pain medication maintenance regimen. Physical Examination identifies lumbar flexion limited by pain and guarding to 45 degrees, extension limited to return to neutral by pain over lumbar spine. Rotation limited by pain elicited over SI joints and lumbosacral spine up to 30 degrees bilaterally. Diagnoses identify degeneration of lumbar or lumbosacral intervertebral disc, chronic pain syndrome, cervical post-laminectomy syndrome, thoracic or lumbosacral neuritis or radiculitis unspecified, lumbar facet joint pain, anxiety, symptoms of depression, spasm of muscle, and symptoms of depression. Recommendations & Plans identify prescribed gabapentin 600 mg 2 QD at HS (bedtime), #60, tizanidine HCL 4mg 1 TID (three times per day) complaints of radicular neuropathy/adjunct pain relief #90, Celebrex 200mg 1 qd (everyday), #30 complaints of lumbar facet arthrosis, and request authorization for 4 visits PT to utilize moist heat and/or ultrasonic heat and other means to reduce pain, and increase flexibility and decrease activity tolerance. Patient would like to try an inversion table therapy as well, and if tolerable and effective request purchase of one for home use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg, #60 with Refills x3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-21.

Decision rationale: Regarding request for gabapentin, Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that 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. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS (non-restorative sleep)), and no documentation of specific objective functional improvement. Additionally, there is no discussion regarding side effects from this medication. In the absence of such documentation, the currently requested gabapentin is not medically necessary.

Tizanidine HCL 4mg, #90 with Refills x3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants: Tizanidine. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: Regarding the request for Tizanidine, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Tizanidine specifically has been shown to be beneficial in the treatment of myofascial pain and as an adjunct to treat fibromyalgia. Guidelines recommend LFT (liver function tests) monitoring at baseline 1, 3, and 6 months. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Tizanidine. Additionally, it does not appear that there has been appropriate liver function testing, as recommended by guidelines. In the absence of such documentation, the currently requested Tizanidine is not medically necessary.

Celebrex 200mg, #30 with Refills x3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications and Celebrex Page(s): 22 and 30.

Decision rationale: Regarding the request for Celebrex, Chronic Pain Medical Treatment Guidelines state that Celebrex may be considered if the patient has a risk of GI complications. Within the documentation available for review, there is no identification of a high risk of GI complications. There is no indication that Celebrex is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Celebrex is not medically necessary.

Four (4) physical therapy sessions to include Inversion Table Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 146-7, Chronic Pain Treatment Guidelines Traction.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Home inversion table and Traction.

Decision rationale: Regarding the request for 4 Physical Therapy Sessions to Include Inversion Table Therapy, Occupational Medicine Practice Guidelines state traction has not been proved effective for lasting relief in treating low back pain. Because evidence is insufficient to support using vertebral axial decompression for treating low back pain injuries, it is not recommended. ODG states traction is not recommended using powered traction devices, but home-based patient controlled gravity traction may be a noninvasive conservative option, if used as an adjunct to a program of evidence-based conservative care to achieve functional restoration. Within the information made available for review, it is noted that the patient would like to try an inversion table therapy as well, and if this is tolerable and effective then the treating physician will request purchase of one for home use. However, there is no indication that the inversion table will be performed with a patient controlled device and that it will be used as an adjunct to a program of evidence-based conservative care to achieve functional restoration. In the absence of such documentation, the currently requested 4 Physical Therapy Sessions to Include Inversion Table Therapy is not medically necessary.