

Case Number:	CM14-0087126		
Date Assigned:	08/08/2014	Date of Injury:	09/17/2002
Decision Date:	12/15/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/10/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 55-year-old male who reported an injury on 09/17/2002, while working. He was digging a hole, and injured his back. Diagnoses included lumbar sprain/strain and lumbar radiculitis. No prior diagnostics available for review. No past surgeries are available for review. Past treatments were not provided. The medication included omeprazole, gabapentin, tramadol, Zanaflex. The injured worker complained of lumbar pain, depending on the activity he is doing. The examination of the lumbar spine dated 07/21/2014 revealed thoracolumbar posture was noted to be well preserved, no scars, no scoliosis. Gait pattern was normal. Palpation revealed slight stiffness and tenderness noted at the L4-5 on deep palpation, as well as bilateral posterior superior iliac spine. Range of motion included extension at 30 degrees, flexion to the mid tibia. Lateral flexion right was 30 degrees, left was 30 degrees. The lateral rotation was 40 degrees and left was 40 degrees. Straight leg raise caused hamstring tightness on the right. Sensation was intact to light touch and pin prick to all dermatomes of the lower extremities. Gait pattern was unremarkable with no limping. The treatment and plan included a drug screen, Omeprazole, Zanaflex, Medopatch, and Gabapentin. The Request for Authorization was not submitted with documentation. The rationale for the medication maintained his pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient urine toxic screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test Page(s): 43.

Decision rationale: The request for outpatient urine toxic screen is not medically necessary. The California MTUS Guidelines recommend a urine drug test as an option to assess for the use or the presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of opiates, for ongoing management and as a screen for risk of misuse and addiction. The documentation provided did not indicate that the injured worker displays any aberrant behaviors or drug seeking behaviors or whether the injured worker was suspected of illegal drug use. It was unclear as to when the last drug screen was performed. As such, the request for the outpatient urine toxic screen is not medically necessary.

Zanaflex 2mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY/ANTISPASMODIC DRUGS Page(s): 66.

Decision rationale: The request for Zanaflex 2 mg #60 is not medically necessary. The California MTUS Guidelines recommend Zanaflex as a nonsedating muscle relaxant with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lower back pain. The guidelines indicate Zanaflex is a second line muscle relaxant. The clinician's notes indicate that the injured worker had been taking the Zanaflex as far back as 03/10/2014. The request is for an additional 60 tablets, which exceeds the recommended short term treatment for acute exacerbations. Additionally, the request did not indicate the frequency of the medication. As such, the request is not medically necessary.

Omeprazole 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request for omeprazole 20 mg #60 is not medically necessary. The California MTUS Guidelines recommend proton pump inhibitors for injured workers at risk of gastrointestinal events. The guidelines recommend that clinicians utilize the following criteria to determine if the injured worker is at risk for gastrointestinal event: Greater than age 65 years, a history of peptic ulcers, GI bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or anticoagulants, or high dose/multiple NSAIDs. The medical documentation did not

indicate that the injured worker had a history or had any gastrointestinal symptoms that include peptic ulcer, GI bleed, or perforation. It did not appear the injured worker was at risk for gastrointestinal events, therefore, the request is not medically necessary.

Tramadol 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22..

Decision rationale: The request for tramadol 50 mg #60 is not medically necessary. The California MTUS states Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain and it is not recommended as a first-line oral analgesic. California MTUS recommend that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinician's notes were not evident of the 4 A's that included the ongoing monitoring of analgesia, activities of daily living, or adverse side effects. The documentation lacked the functional measurements of the efficacy of the tramadol. Additionally, the request did not address the frequency of the medication. As such, the request is not medically necessary.

Gabapentin 800mg #60: 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 Antiepilepsy drugs (AEDs) Page(s): 16-22.

Decision rationale: The request for gabapentin 800 mg #60 is not medically necessary. The California MTUS Guidelines state gabapentin has been shown to be effective for the diabetic painful neuropathy or postherpetic neuralgia, and has been considered a first line treatment for neuropathic pain. 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. The documentation did not indicate the efficacy of the medication. The documentation was not evident of painful neuropathy or postherpetic neuralgia. Additionally, the request did not address the frequency of the medication. As such, the request is not medically necessary.

Medopatch #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The request for Medopatch #30 is not medically necessary. The California MTUS Guidelines refer to topical analgesics as largely experimental with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded in combination for pain control including capsaicin and local anesthetics. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The only form of FDA approved topical application of lidocaine is the 5% transdermal patch for neuropathic pain. The guidelines indicate that any compounded product that contains at least 1 drug that is not recommended, is not recommended. The medication includes lidocaine which is FDA approved only for neuropathic pain. The documentation did not indicate that the injured worker has neuropathic pain. Additionally, the request did not address the frequency. As such, the request is not medically necessary.