

Case Number:	CM14-0117396		
Date Assigned:	09/19/2014	Date of Injury:	09/01/2011
Decision Date:	03/05/2015	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/25/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, Florida
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 59 year old worker was injured on the job on 09/01/2011 with resultant back pain. The injured worker (IW) was seen on 06/23/2014 in a periodic visit for re-evaluation of ongoing complaints of back and neck pain with pain in the legs. Problems related to the back pain included insomnia and difficulty with sexual functioning. The back pain is aggravated by prolonged standing, sitting, walking and repetitive movements. Cold weather also increases the pain. Pain is reduced with medications, activity modification and heat. The IW uses a cane to ambulate. On exam of the spine, there was tenderness over the facet joints of the lumbar spine bilaterally noted greater on the left than on the right, and pain radiating to the left lower extremity. Lumbar motion was limited by pain and spasm on flexion and extension, and pain was present with bending. Diagnoses include spinal stenosis in the cervical region, cervical spine stenosis with multi-level disc herniation and myelomalacia, cervical spondylosis with myelopathy, progressive cervical myelopathy secondary to severe spinal stenosis, lumbar sprain, asymmetrical right sided hearing nerve loss secondary to industrial noise exposure, tinnitus unspecified, subjective tinnitus, dizziness and giddiness, cause unknown, insomnia, cluster headaches, concussion with loss of consciousness, memory impairment, depression , peripheral neuropathy, and thoracic or lumbosacral neuritis or radiculitis unspecified , lumbar spine radiculopathy with positive MRI findings for lumbar disc disease, status post cervical spine surgery on 5/7/2013. The treatment plan includes referral to appropriate specialists for internal medicine, hearing, mental health, orthopedics, and continued pain management consultation to address medication management. Medications taken include Vicodin for pain, 1 tablet 2 times

per day, and Gabapentin capsules for nerve pain 600 mg 1 tablet 3 times daily. The IW finds both the Vicodin and gabapentin to be helpful. Other medications include Tizanide 4 mg, 1 tablet 2 times daily which the IW did not feel to be helpful. The IW is also on Lisinopril for hypertension 10 mg daily. At the time of the examination in June of 2014, the IW was continued on a temporary total disability until the next visit. The IW's condition was essentially unchanged from the prior visit. On 07/25/2014, the utilization review (UR) organization received a request for authorization application for Tizanide 4 mg BID #60, Gabapentin 600mg TID #90, compound analgesic cream, and Norco 7.5/325 TID #90. After review of ten pages of medical and administrative records including a 06/19/2014 physicians report, the UR organization issued a letter recommending that the request be non-certified in its entirety. California Medical Treatment Utilization Schedule (CA-MTUS) was used for reference in the decisions. Criteria used in analysis was based on Neck and Upper Back Complaints, Low back complaints, chronic pain medical treatment guidelines, opioids was used for the Norco, CA-MTUS Muscle relaxants (for pain) was used for the decision on Tizanidine, CA-MTUS,specific anti-epilepsy drugs was referenced for the Gabapentin, and CA-MTUS topical analgesics was referenced to address use of Compound Analgesic cream. On 08/21/2014 the IW submitted a request for independent review for Norco 7.5/325 TID #90, Tizanide 4 mg BID #60, Gabapentin 600mg TID #90, and the compound analgesic cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg bid #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 63-66. Decision based on Non-MTUS Citation Pain Chapter Muscle Relaxants

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the short term treatment of exacerbations of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of muscle relaxants is associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with sedatives. The records indicate that the patient had utilized Tizanidine longer than the guidelines recommended maximum period of 6 weeks. The patient had reported lack of efficacy or significant beneficial effects with the use of Tizanidine. The criteria for the use of Tizanidine 4mg BID #60 was not met.

Gabapentin 600mg tid #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2Anticonvulsants Page(s): 16-22. Decision based on Non-MTUS Citation Pain Chapter Anticonvulsants

Decision rationale: The CA MTUS and the ODG guidelines recommend that anticonvulsants can be utilized for the treatment of neuropathy and radiculopathy associated with chronic musculoskeletal pain. The records show that the patient have subjective and objective findings consistent with neuropathic pain. The use of anticonvulsants is also recommended for patient with psychosomatic symptoms of chronic pain syndrome. The patient had co-existing diagnoses of insomnia, headache and depression. The criteria for the use of gabapentin 600mg tid #90 was met.

Compound Analgesic cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Pain Chapter Compound Analgesic preparations.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic product can be utilized for the treatment of localized neuropathic pain when treatment with first line anticonvulsant and antidepressant medications have failed. The records did not show that the patient was diagnosed with localized neuropathic pain. The diagnosis is headache and cervical radiculopathy. The records did not show that the patient failed treatment with first line medications. The patient is utilizing oral gabapentin. The criteria for the use of compound Analgesic cream was not met.

Norco 7.5/325mg tid #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Pain Chapter Opioids

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short term treatment of exacerbations of musculoskeletal pain when treatments with NSAIDS and PT. Opioids can also be utilized for chronic treatment when the patient have exhausted all surgical, interventional pain procedures, PT and non opioids medications. The records show that the patient had chronic severe musculoskeletal pain that did not respond to surgery, PT and non opioid medications. There is no documentation of aberrant behavior or adverse medications effects. The criteria for the use of Norco 7.5/325mg #90 was met.