

Case Number:	CM14-0191184		
Date Assigned:	11/25/2014	Date of Injury:	07/03/2006
Decision Date:	01/12/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/17/2014

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 and is licensed to practice in Texas and 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 63 year old female patient who sustained a work related injury on 7/3/2006, 12/12/2005. Patient sustained the injury when she fell and landed on her knees and hands and lower spine, resulting in the onset of severe pain and no feeling in her lower extremities. The current diagnoses include chronic myofascial syndrome, Chronic pain syndrome and status post surgeries. Per the doctor's note dated 10/06/2014, patient has complaints of chronic pain and the knees were worse. The patient was using a cane for this injury Physical examination revealed spasms and listing to the left, sciatica, painful knee range of motion with crepitus. Per the doctor's note dated 11/3/14 patient had complaints of low back and leg pain. Physical examination revealed tenderness on palpation, muscle spasm, slow gait and positive straight leg rise (SLR) The current medication lists include gabapentin, Atenolol, Bupropion, Hydrochlorothiazide, Oxybutynin, Pantoprazole, Temazepam, Xanax and Norco. The diagnostic studies, include x-rays, CT scans and magnetic resonance imaging (MRI) studies; Electro diagnostic evidence of bilateral carpal tunnel syndrome. The patient's surgical history include right CTR on 5/10/12; left knee replacement in 2010 and total right knee replacement in 2013; arthroplasty of right thumb and release of left ring trigger finger; left carpal tunnel release and left ring trigger finger release on 2/12/09; arthroscopic surgery right shoulder on 1/10/08. She had received lumbar epidurals for this injury. She has had a urine drug toxicology report on 10/16/14 that was consistent with gabapentin and inconsistent for opioid and muscle relaxant and psychiatric medication. The patient has received an unspecified number of the physical therapy (PT) visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Condrolite 500/200/150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Glucosamine (and Chondroitin Sulfate)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California MTUS Chronic Pain Medical Treatment Guidelines, Glucosamine (and Chondroitin Sulfate).

Decision rationale: Condrolite is a Medical Nutritional Supplement consisting of a combination of Glucosamine sulfate 500mg, Chondroitin sulfate 200mg, and MSM According to the Chronic Pain Medical Treatment Guidelines MTUS, Glucosamine (and Chondroitin Sulfate) is "Recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. The Glucosamine Chondroitin Arthritis Intervention Trial (GAIT) funded by the National Institutes of Health concluded that glucosamine hydrochloride (GH) and chondroitin sulfate were not effective in reducing knee pain in the study group overall; however, these may be effective in combination for patients with moderate-to-severe knee pain. Despite multiple controlled clinical trials of glucosamine in osteoarthritis (mainly of the knee), controversy on efficacy related to symptomatic improvement continues." Therefore there is no high grade scientific evidence to support the use of Condrolite for this patient. Evidence of osteoarthritis was not specified in the records provided. There was no X-ray report specified in the records provided. In addition response to prior use of Condrolite was not specified in the records provided. The medical necessity of the request for Condrolite 500/200/150mg QTY: 90.00 is not fully established in this patient.

Gabapentin 300mg #900: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

Decision rationale: According to the California MTUS Chronic pain guidelines regarding Neurontin/ gabapentin, "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. Spinal cord injury: Recommended as a trial for chronic neuropathic pain. Lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit... This medication appears to be effective in reducing abnormal hypersensitivity (allodynia and hyperalgesia), to have anti-anxiety effects, and may be beneficial as a sleep aid." Per the doctor's note dated 10/06/2014, patient has complaints of chronic pain and the knees were worse. The patient was using a cane for this injury Physical examination revealed spasms and listing to the left, sciatica, painful knee range of motion with crepitus. Per the doctor's note dated 11/3/14 patient had complaints of low

back and leg pain. Physical examination revealed tenderness on palpation, muscle spasm, slow gait and positive straight leg rise (SLR). The patient's surgical history include right CTR on 5/10/12; left knee replacement in 2010 and total right knee replacement in 2013; arthroplasty of right thumb and release of left ring trigger finger; left carpal tunnel release and left ring trigger finger release on 2/12/09; arthroscopic surgery right shoulder on 1/10/08. She had received lumbar epidurals for this injury. The patient has chronic pain with a neuropathic component. The patient has abnormal objective findings and imaging study findings that are consistent with the patient's symptoms. Anticonvulsants or antiepileptics like gabapentin / Neurontin are medically appropriate and necessary in this patient. The cited guidelines support the use of Gabapentin 300mg #90 in patients with this clinical situation therefore the request is deemed medically necessary.

Protonix 40mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), PPI

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Per the CA MTUS NSAIDs guidelines cited below, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events. Patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when - " (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." There is no evidence in the records provided that the patient has GI symptoms with the use of NSAIDs. Any current use of NSAIDs is not specified in the records provided. The records provided do not specify any objective evidence of GI disorders, GI bleeding or peptic ulcer. The medical necessity of the request for Protonix 40mg #60 is not fully established in this patient.

Tizanidine 4mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain treatment guidelines ANTISPASTICITY/ANTISPASMODIC DRUGS: Tizanidine (Zanaflex) .

Decision rationale: According to MTUS guidelines "Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study demonstrated a significant decrease in pain associated with chronic

myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. May also provide benefit as an adjunct treatment for fibromyalgia. "The current diagnoses include chronic myofascial syndrome, chronic pain syndrome and status post surgeries per the doctor's note dated 10/06/2014, patient has complaints of chronic pain and the knees were worse. The patient was using a cane for this injury. Physical examination revealed spasms and listing to the left, sciatica, painful knee range of motion with crepitus. Per the doctor's note dated 11/3/14 patient had complaints of low back and leg pain. Physical examination revealed tenderness on palpation, muscle spasm, slow gait and positive SLR. She had received lumbar epidurals for this injury. The use of tizanidine is medically appropriate and necessary in this patient at this time. The request for Tizanidine 4mg #60 is medically appropriate and necessary for this patient.

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDSTherapeutic Trial of Opioids Page(s): 76-80.

Decision rationale: Norco 10/325 is an opioid analgesic. According to California MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. She has had a urine drug toxicology report on 10/16/14 that was consistent with gabapentin and inconsistent for opioid and muscle relaxant and psychiatric medication. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325mg #60 is not established for this patient.

Butran Patches 15mcg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDSTherapeutic Trial of OpioidsBuprenorphine Page(s): 26-27, 76-8.

Decision rationale: Butrans contains Buprenorphine which is a partial opioid agonist. According to California MTUS guidelines cited below Buprenorphine is recommended for, "Treatment of opiate agonist dependence." According to California MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. She has had a urine drug toxicology report on 10/16/14 that was consistent with gabapentin and inconsistent for opioid and muscle relaxant and psychiatric medication. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Butran Patches 15mcg #60 is not established for this patient.