MAXIMUS Federal Services

Case Number:	CM14-0212975		
Date Assigned:	12/30/2014	Date of Injury:	05/29/2012
Decision Date:	05/12/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/19/2014

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: North Carolina, Georgia
Certification(s)/Specialty: Family Practice

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 51 year old male patient who sustained an industrial injury on 05/29/2012. A primary treating office visit dated 06/03/2014 reported subjective complaint of persistent low back pain. Current medications consist of: Norco 10/325mg, Relafen, Prilosec, Zoloft, Ambien, and Zanaflex. He is diagnosed with chronic low back pain, right hip pain, and depression/anxiety secondary to chronic pain. The plan of care involved prescribing one month's supply of all medications. The patient is permanent and stationary. He is to follow up in two months. A primary treating office visit dated 11/18/2014 reported subjective complaints of ongoing low back and right hip pain. He continues with generalized radicular symptoms to bilateral legs. Of note, the last visit he was started on Neurontin; however, it caused significant swelling and he has stopped the medication with resolve of symptom. Current medications list: Norco 10/325mg, Relafen, Prilosec, Zoloft, Ambien, Zanaflex, Reglan, and Lyrica. He is diagnosed with chronic low back pain, status post lumbar fusion at L4-5, L5-S1 in 2000.

IMR ISSUES, DECISIONS AND RATIONALES

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

Reglan #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)-Treatment for Worker's Compensation, Online Edition Chapter: Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Antiemetics for opioid nausea.

Decision rationale: CA MTUS is silent on the use of Reglan. Per ODG guidelines, antiemetics such as Reglan are not recommended for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. The differential diagnosis includes gastroparesis (primarily due to diabetes). Current research for treatment of nausea and vomiting as related to opioid use primarily addresses the use of antiemetics in patients with cancer pain or those utilizing opioids for acute/postoperative therapy. Recommendations based on these studies cannot be extrapolated to chronic non-malignant pain patients. There is no high-quality literature to support any one treatment for opioid-induced nausea in chronic non-malignant pain patients. Reglan is not medically necessary.

Lyrica 50mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 16-20.

Decision rationale: CA MTUS states that there is insufficient evidence to argue for or against use of antiepileptic drugs in low back pain. Antiepileptic drugs are used first line for neuropathic pain. Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. This medication is designated as a Schedule V controlled substance because of its causal relationship with euphoria. In this case a trial of Lyrica is medically indicated based on documentation of neuropathic pain and failure of prior treatment with gabapentin. However, a 2 month supply of the 50 mg starter dose (as requested) far exceeds a reasonable trial period to assess efficacy. The original UR decision approved a 30 day supply of medication. There is no documented medical necessity for the #120 pills of Lyrica 50 mg, therefore the request is not medically necessary.

Zanaflex 4mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 63-66.

Decision rationale: The CA MTUS allows for the use, with caution, of non sedating muscle relaxers as second line treatment for acute exacerbations of chronic low back pain. While they may be effective in reducing pain and muscle tension, most studies show no benefits beyond NSAIDs in pain relief. Efficacy diminishes over time and prolonged use may lead to dependency. There is no recommendation for ongoing use in chronic pain. The medical record in this case does not document an acute exacerbation and the request is for ongoing regular daily use of Zanaflex. This is not medically necessary.