

Case Number:	CM14-0217460		
Date Assigned:	01/07/2015	Date of Injury:	09/19/2003
Decision Date:	02/28/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/29/2014

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: California
 Certification(s)/Specialty: Emergency Medicine

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 52 year old male with a work injury with the initial date of 09/19/2013. The mechanism of injury was not documented in the submitted records. According to the utilization review (UR) the injury occurred when he lifted a 100 pound box of chicken onto a chest high pallet. Physician's progress note dated 11/06/2014 notes the injured worker was complaining of persistent back pain that he rated as 8 out of 10, bilateral leg pain rated as 5/10 with pins and needles sensation and neck pain rated as 3/10. Current medications included gabapentin, tramadol, tizanidine, diclofenac, cidaflex and hydrocodone which he stated were helping. He was not attending physical therapy and was not working. Physical exam noted antalgic gait bilaterally with the use of a cane. Tenderness was noted in the para-spinous musculature of the thoracic and lumbar regions. Midline tenderness was noted in the lumbar spine with lumbar muscle spasm bilaterally. Lumbar spine range of motion was limited. At the time of the visit the IW was waiting for approval of pain management consult. He was deemed permanent and stationary. Diagnoses included: Persistent back pain following lumbar 4 thru sacral 1 decompression and fusion 01/22/2009 with removal of hardware 10/15/2012, stress/anxiety with depression, sleep disorder, hypertension and chronic pain. The provider requested the following medications: Diclofenac 75 mg one by mouth twice daily as needed # 90 with 3 refills, Gabapentin 600 mg # 90 one by mouth three times daily as needed with 3 refills, Norco 10/325 one by mouth every 6 hours as needed # 90, Tizanidine 4 mg one by mouth two to 3 times daily as needed # 90 with 3 refills, Tramadol 50 mg one every 6 hours as needed # 90 with 2 refills, Cidaflex one twice daily # 100 with 2 refills. On 11/26/2014 utilization review

issued the following decisions stating: The reviewer has determined that the proposed treatment does not meet medical necessity guidelines per CA MTUS. "CA MTUS Guidelines recommend weaning of opioid medication and gabapentin. Therefore the request is partially certified for 45 tablets of Norco 10/325 and Tramadol 50 mg. There was no quantity listed for gabapentin; therefore the weaning process cannot be applied." Cited were CA MTUS 2009, Chronic Pain. The request was appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 75mg 1po BID prn 390 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs(Non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: Diclofenac is an NSAID. As per MTUS Chronic pain guidelines, NSAIDs are useful of osteoarthritis related pain. Due to side effects and risks of adverse reactions, MTUS recommends as low dose and short course as possible. Patient has been on diclofenac chronically for several month with no documentation of any benefit. Chronic use of diclofenac is not recommended due significant long term side effects. Diclofenac is not medically necessary.

Gabapentin 600mg q po TID prn wit h 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs(AEDs) Page(s): 18-19.

Decision rationale: Gabapentin(Neurontin) is an anti-epileptic drug with efficacy in neuropathic pain. It is most effective in polyneuropathic pain. Pt has been on this medication chronically for almost 1 year and there is no documentation of actual benefit. There is no documentation of any objective improvement with only some vague reports of subjective improvement. This is an incomplete prescription with no total number of tablets noted. Number of refills is not medically appropriate and does not meet MTUS guideline recommendation for monitoring. Gabapentin is not medically necessary.

Norco 10/325mg 1 po q 6hrs prn #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Provider has failed to document required component as per MTUS guidelines. There is no documentation of CURES review, assessment for abuse or side effects. There is no documented pain improvement with current opioid therapy. Norco prescription is not medically appropriate or necessary.

Tizanidine 4mg 1po BID/TID prn #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/antispasmodics Page(s): 60.

Decision rationale: Zanaflex(Tizanidine) is an antispasmodic muscle relaxant. It is FDA approved for muscle spasms. As per MTUS guidelines, muscle relaxants should be used for short term use and for flare ups only. There is documentation of muscle spasms. However, patient has been on this medication chronically and the number of tablets requested is not appropriate. Tizanidine is not medically necessary.

Tramadol 50mg 1 po q 6hrs prn #90 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: Tramadol/Tramadol is a Mu-agonist, an opioid-like medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Pt appears to be on Tramadol chronically. Documentation fails to meet the appropriate documentation required by MTUS. There is no documentation of pain improvement, no appropriate documentation of objective improvement and there is no mention about a pain contract or screening for abuse. The number of tablets is not appropriate and does not meet requirement for monitoring. Documentation fails MTUS guidelines for chronic opioid use. Tramadol is not medically necessary.

Cidaflex 1po BID #100 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Glucosamine(and Chondroitin Sulfate) Page(s): 50.

Decision rationale: Cidaflex is chondroitin and glucosamine. As per MTUS Chronic Pain Medical Treatment guideline, glucosamine has some evidence for arthritic knee pain. Studies has shown minimal to mild benefit for arthritic knee pain with minimal risks. The lack of provided dose is not relevant in this situation since Cidaflex only comes in one dose. There is no evidence to support its use in shoulder, elbow or spinal arthritis. Pt does not have reported knee arthritis. Pt has chronic back pain which has no evidence for cidaflex use. There is no evidence to support its use in this patient. It is not medically recommended.