

Case Number:	CM15-0101818		
Date Assigned:	06/04/2015	Date of Injury:	04/24/2009
Decision Date:	07/08/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	05/27/2015

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: Pennsylvania

Certification(s)/Specialty: Internal 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:

The injured worker is a 58 year old male who sustained an industrial injury on 4/24/09 resulting in low lumbar spine pain radiating to mid-lumbar spine and into the pelvis and right leg. He was medically evaluated after being taken to the local emergency department via ambulance because he could not get out of bed the day after the injury. He was treated with pain medication and underwent computed tomography scan. He then developed thrombophlebitis over the next three weeks and was treated with Coumadin. He saw a neurosurgeon who ordered an MRI which demonstrated a significant disc bulge at three levels in the lower lumbar spine. Norco and Neurontin were prescribed since 2011. Robaxin was prescribed in 2012 and 2013. Zanaflex was prescribed since 2013. He currently complains of chronic low back pain. He uses a cane for ambulation. On physical exam there is increased pain with cervical and lumbar extension. Current medications are Norco, Neurontin, Coumadin, Wellbutrin, Viagra, and Zanaflex. A urine drug screen dated 2/11/15 (the date of an office visit) was consistent with prescribed medications. Diagnoses include chronic bilateral low back pain, deep vein thrombosis, compromised renal function/renal failure attributed to thrombophlebitis, erectile dysfunction, hypertension, and depression secondary to chronic pain. Treatments to date include right L3-L5 radiofrequency ablation (2/17/12), left L3-L5 radiofrequency ablation (4/13/12), trigger point injections, and medications. Diagnostics include MRI of the lumbar spine (8/13/09) showing multilevel degenerative disc changes; MRI lumbar spine (12/12, 10/18/12) show multilevel disc changes, Doppler study of bilateral lower extremities (2/22/11) show one left sided superficial femoral vein that is thrombosed, electrodiagnostic studies of the bilateral legs (3/22/11) negative. In the progress note dated 5/6/15, medications as a group were noted to bring pain levels down to tolerable levels and improve function, which was not further discussed. Work status was noted

as not able to handle more than sedentary work. Return to work was not documented. The treating provider's plan of care included request for Norco 10/325 mg #120 for one month supply, Neurontin 800 mg # 90, and Zanaflex 4 mg #120 one month supply. In addition there were prescriptions to be filled at later dates. The additional prescriptions were written due to the distance the injured worker travels for evaluation. On 5/20/15, Utilization Review (UR) non-certified requests for the items currently under Independent Medical Review, citing the MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #120: 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): 74-96.

Decision rationale: This injured worker has chronic back pain. Norco has been prescribed for several years. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There was no documentation of functional goals, return to work, or opioid contract. Urine drug screens were discussed. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. Work status was noted as not able to handle more than sedentary work, and the documentation suggests that the injured worker is not working. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect significant quantified improvement in pain. Specific improvement in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. As currently prescribed, norco does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

1 prescription of Norco 10/325mg #120 DND until 6/3/15: 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): 74-96.

Decision rationale: This injured worker has chronic back pain. Norco has been prescribed for several years. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There was no

documentation of functional goals, return to work, or opioid contract. Urine drug screens were discussed. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. Work status was noted as not able to handle more than sedentary work, and the documentation suggests that the injured worker is not working. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect quantified significant improvement in pain. Specific improvement in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. As currently prescribed, norco does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

1 prescription of Norco 10/325mg #120 DND until 7/3/15: 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): 74-96.

Decision rationale: This injured worker has chronic back pain. Norco has been prescribed for several years. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There was no documentation of functional goals, return to work, or opioid contract. Urine drug screens were discussed. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. Work status was noted as not able to handle more than sedentary work, and the documentation suggests that the injured worker is not working. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect quantified significant improvement in pain. Specific improvement in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. As currently prescribed, norco does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

1 prescription of Neurontin 800mg #90: 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 anticonvulsants Page(s): 16-22.

Decision rationale: Per the MTUS, antiepilepsy drugs (AEDs) are recommended for neuropathic pain due to nerve damage. Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic neuropathy and postherpetic neuralgia and has been considered a first line treatment for neuropathic pain. The MTUS notes the lack of evidence for treatment of radiculopathy. A "good" response to the use of AEDs is defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. Lack of at least a 30% response per the MTUS would warrant a switch to a different first line agent or combination therapy. After initiation of treatment, there should be documentation of pain relief with improvement in function, and documentation of any side effects, with continued use of AEDs dependent on improved outcomes versus tolerability of adverse effects. This injured worker has chronic back pain. There was no documentation of neuropathic pain. Neurontin has been prescribed for several years without documentation of functional improvement or at least a 30% reduction in pain. There was no documentation of improvement in work status or specific activities of daily living, and no documentation of decrease in medication use or in need for medical treatment. Due to lack of documentation of neuropathy, lack of documentation of significant improvement in pain consistent with the MTUS definition of at least a moderate response to AEDs, and lack of functional improvement, the request for neurontin is not medically necessary.

1 prescription of Neurontin 800mg #90 with 1 refill DND until 6/3/15: 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 anticonvulsants Page(s): 16-22.

Decision rationale: Per the MTUS, antiepilepsy drugs (AEDs) are recommended for neuropathic pain due to nerve damage. Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic neuropathy and postherpetic neuralgia and has been considered a first line treatment for neuropathic pain. The MTUS notes the lack of evidence for treatment of radiculopathy. A "good" response to the use of AEDs is defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. Lack of at least a 30% response per the MTUS would warrant a switch to a different first line agent or combination therapy. After initiation of treatment, there should be documentation of pain relief with improvement in function, and documentation of any side effects, with continued use of AEDs dependent on improved outcomes versus tolerability of adverse effects. This injured worker has chronic back pain. There was no documentation of neuropathic pain. Neurontin has been prescribed for several years without documentation of functional improvement or at least a 30% reduction in pain. There was no documentation of improvement in work status or specific activities of daily living, and no documentation of decrease in medication use or in need for medical treatment. Due to lack of documentation of neuropathy, lack of documentation of significant improvement in pain consistent with the MTUS definition of at least a moderate response to AEDs, and lack of functional improvement, the request for neurontin is not medically necessary.

1 prescription of Zanaflex 4mg #120: Upheld

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

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

Decision rationale: This injured worker has chronic back pain. Zanaflex has been prescribed for more than one year, and muscle relaxants have been used for several years. The MTUS for chronic pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. The injured worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed implies long term use, not for a short period of use for acute pain. No reports show any specific and significant improvement in pain or function as a result of prescribing muscle relaxants. Tizanidine (Zanaflex) is FDA approved for management of spasticity and unlabeled for use for low back pain. Side effects include somnolence, dizziness, dry mouth, hypotension, weakness, and hepatotoxicity. Liver function tests should be monitored. It should be used with caution in renal impairment and avoided in hepatic impairment. This injured worker was noted to have a history of impaired renal function. There was no documentation of recent monitoring of liver function tests. Due to length of use in excess of the guideline recommendations, lack of functional improvement, and potential for toxicity, the request for zanaflex is not medically necessary.

1 prescription of Zanaflex 4mg #120 with refill DND until 6/3/15: Upheld

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

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

Decision rationale: This injured worker has chronic back pain. Zanaflex has been prescribed for more than one year, and muscle relaxants have been used for several years. The MTUS for chronic pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. The injured worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed implies long term use, not for a short period of use for acute pain. No reports show any specific and significant improvement in pain or function as a result of prescribing muscle relaxants. Tizanidine (Zanaflex) is FDA approved for management of spasticity and unlabeled for use for low back pain. Side effects include somnolence, dizziness, dry mouth, hypotension, weakness, and hepatotoxicity. Liver function tests should be monitored. It should be used with caution in renal impairment and avoided in hepatic impairment. This injured worker was noted to have a history of impaired renal function. There was no documentation of recent monitoring of liver function tests. Due to length of use in excess of the guideline recommendations, lack of functional improvement, and potential for toxicity, the request for zanaflex is not medically necessary.