

Case Number:	CM15-0102464		
Date Assigned:	06/04/2015	Date of Injury:	05/23/1991
Decision Date:	07/03/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/28/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 52 year old male, who sustained an industrial injury on 5/23/91. The diagnoses have included chronic low back pain syndrome, lumbar radiculopathy, lumbar degenerative disc disease (DDD), myofascial pain and history of lumbar surgery. Treatment to date has included medications, activity modifications, surgery, injections, diagnostics, and physical therapy. Currently, as per the physician progress note dated 4/22/15, the injured worker is status post caudal epidural block approximately two and a half months ago for chronic back and lower extremity complaints with lumbar radiculopathy in the setting of post laminectomy changes, disc degeneration and myofascial pain. The response to the epidural blockade has been excellent with marked improvement. The current medications included Methadone, Celebrex, Gabapentin, Tizanidine and Hydrocodone as needed. The urine drug screen dated 5/7/15 was consistent with the medications prescribed. He has noticed and increases in use of Hydrocodone in the past two weeks with the recurrence of complaints. He currently describes 90 percent pain control with use of the epidural blockade. The physical exam reveals blood pressure of 128/64 pulse of 66 and room air saturation 96 percent. The physician notes that the majority of his recurrent pain complaints involve the left greater than right L5 pattern. The physician recommended repeat epidural blockade. The physician requested treatments included Methadone 10mg, Celebrex 200mg, Gabapentin 600mg, Tizanidine and Hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for methadone, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, although not specific to this medication, the provider does note significant pain relief and functional improvement attributed to medications in general as well as interventional treatment. However, there is no clear indication of appropriate medication usage and lack of aberrant behaviors, and it appears that one of the prescribed opioids was not detected in the most recent drug screen. Furthermore, there is no support for an open-ended request for medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested methadone is not medically necessary.

Celebrex 200mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 22 and 30 of 127.

Decision rationale: Regarding the request for celecoxib (Celebrex), Chronic Pain Medical Treatment Guidelines state that Celebrex may be considered if the patient has a risk of GI complications, but not for the majority of patients. Within the documentation available for review, there is no identification of a high risk of GI complications or another clear rationale to support the use of Celebrex rather than a nonspecific NSAID as recommended by the CA MTUS. In the absence of such documentation, the currently requested celecoxib (Celebrex) is not medically necessary.

Gabapentin 600mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 16-21 of 127.

Decision rationale: Regarding request for gabapentin (Neurontin), Chronic Pain Medical Treatment Guidelines state that anti-epilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, while not specific to this medication, there is identification of significant pain relief and functional improvement attributed to medications in general and interventional treatment. However, open-ended requests for medication are not supported and, unfortunately, there is no provision for modification of the request to an appropriate amount of medication. Antiepileptic drugs should not be abruptly discontinued but unfortunately there is no provision to modify the current request. As such, the currently requested gabapentin (Neurontin) is not medically necessary.

Tizanidine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 63-66 of 127.

Decision rationale: Regarding the request for tizanidine (Zanaflex), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that tizanidine specifically is FDA approved for management of spasticity; unlabeled use for low back pain. Within the documentation available for review, while there is significant pain relief and functional improvement attributed to medications in general and interventional treatment, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of clarity regarding the above issues, the currently requested tizanidine (Zanaflex), is not medically necessary.

Hydrocodone: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for hydrocodone, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-

up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, although not specific to this medication, the provider does note significant pain relief and functional improvement attributed to medications in general as well as interventional treatment. However, there is no clear indication of appropriate medication usage and lack of aberrant behaviors, and it appears that one of the prescribed opioids was not detected in the most recent drug screen. Furthermore, there is no support for an open-ended request for medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested hydrocodone is not medically necessary.