MAXIMUS Federal Services

Case Number:	CM15-0130802		
Date Assigned:	07/17/2015	Date of Injury:	04/17/2001
Decision Date:	08/19/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/07/2015

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 41-year-old female with an industrial injury dated 04/17/2001. The injured worker's diagnoses include lumbar degenerative disc disease, chronic pain, failed back surgery syndrome, lumbar radiculopathy, status post fusion of lumbar, right shoulder pain, fibromyalgia, depression, complex regional pain syndrome of right upper extremity, and status post right shoulder surgery. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 05/28/2015, the injured worker reported neck pain radiating to the bilateral upper extremities. The injured worker also reported low back pain radiating to bilateral lower extremities, left greater than right, with associated numbness, weakness and frequent muscle spasm in the low back. The injured worker rated pain an 8/10 with medications and a 10/10 without medications. Objective findings revealed moderate to severe distress, antalgic gait, spasm in the bilateral paraspinous musculature, tenderness to palpitation in bilateral paravertebral area L4-S1, pain with flexion and extension, decreased sensation, decrease strength along the L4-S1 dermatome and positive straight leg raises. The treating physician also reported tenderness to bilateral shoulders, decrease right shoulder range of motion with pain and decrease strength in the right upper extremity. The treating physician prescribed Vitamin D 2000 units #100, Tizanidine 2mg #60, Gabapentin 600mg #60 and MS Contin 15mg #60, now under review. The note indicates that the patient has pain radiating into the lower extremities. The patient reports antiseizure class medicine and opioid pain medication is helpful with notable improvements due to therapy. Functional improvement includes the ability to attend church and walk in the neighborhood. A laboratory 25(OF) D test showed a level of 16. CURES reports have been consistent. A urine drug screen on the December 23, 2014 was consistent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vitamin D 2000 units #100: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Vitamin D (cholecalciferol).

Decision rationale: Regarding the request for Vitamin D, Official Disability Guidelines (ODG) state that, if necessary, vitamin D supplementation is recommended for consideration in chronic pain patients. ODG state that Vitamin D deficiency is not considered a workers' compensation condition. Inadequate vitamin D may represent an under-recognized source of nociperception and impaired neuromuscular functioning among patients with chronic pain. Physicians who care for patients with chronic, diffuse pain that seems musculoskeletal - and involves many areas of tenderness to palpation - should consider checking vitamin D level. For example, many patients who have been labeled with fibromyalgia may be suffering from symptomatic vitamin D inadequacy. There is also a correlation between inadequate vitamin D levels and the amount of narcotic medication taken by chronic pain patients. Within the documentation available for review, there is documentation of low Vitamin D levels, as well as chronic pain and chronic opioid use. Vitamin D supplementation would therefore be reasonable. As such, the currently requested Vitamin D is medically necessary.

Tizanidine 2mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63, 66.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Regarding the request for tizanidine (Zanaflex), Chronic Pain Medical Treatment Guidelines support the use of nonsedating 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. Guidelines recommend LFT monitoring at baseline,1,3, and 6 months. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement because of the tizanidine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Finally, it does not appear that there has been appropriate liver function testing, as recommended by guidelines. In the absence of such documentation, the currently requested tizanidine (Zanaflex), is not medically necessary.

Gabapentin 600mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18-19.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Regarding request for Gabapentin 600mg #60, Chronic Pain Medical Treatment Guidelines state that antiepilepsy 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, there is identification of subjective/objective findings of neuropathic pain, analgesic benefit and documentation of specific objective functional improvement. As such, the currently requested Gabapentin 600mg #60 is medically necessary.

MS Contin 15mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Morphine Sulfate, Weaning of Medications Page(s): 78-80, 93, 124.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Regarding the request for MS Contin 15mg #60, California Pain Medical Treatment Guidelines note that it 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, there is indication that the medication is improving the patient's function and pain with no intolerable side effects or aberrant use, and the patient is noted to undergo monitoring. In light of the above, the currently requested MS Contin 15mg #60 is medically necessary.