MAXIMUS Federal Services

Case Number:	CM15-0146035		
Date Assigned:	08/06/2015	Date of Injury:	03/05/2004
Decision Date:	09/10/2015	UR Denial Date:	07/03/2015
Priority:	Standard	Application Received:	07/27/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 54-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 5, 2004. In a Utilization Review report dated July 3, 2015, the claims administrator failed to approve requests for Neurontin, Elavil, and Zoloft. The claims administrator referenced a June 24, 2015 in RFA form and an associated progress note of the same date in its determination. Prior unfavorable utilization review determinations were also cited. The applicant's attorney subsequently appealed. On June 24, 2015, the applicant reported ongoing complaints of low back pain, 2/10. The applicant presented to obtain medications refill. The applicant was on Elavil, Neurontin, Norco, and tizanidine, it was reported. The attending provider posited that the applicant was stable on his current medications and suggested the applicant's day-to-day functions were improved as a result of ongoing medication consumption. This was neither elaborated nor expounded upon, however. The applicant's work and functional status were not detailed. In an earlier note dated April 29, 2015, the applicant again received refills of Elavil, Norco, Neurontin, and tizanidine. 2/10 pain complaints were noted. The applicant was described as morbidly obese on this date, while the applicant's height, weight, and BMI were not furnished. The applicant's work and functional status were not detailed. The attending provider again stated in a highly templated manner that the applicant's functionality were improved and/or stable as result of ongoing medication consumption.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone, generic available) Page(s): 19.

Decision rationale: No, the request for gabapentin, an anticonvulsant adjuvant medication, was not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants on gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved as a result of the same. Here, however, the applicant's work status was not reported on June 24, 2015. While the attending provider stated that applicant had profited as a result of ongoing medication consumption, these reports were, however, outweighed by the attending provider's failure to outline the applicant's work status, the attending provider's failure to outline specific functionalities which has been improved as a result of ongoing gabapentin usage, and the failure of gabapentin usage to reduce the applicant's dependence on opioid agents such as Norco. Therefore, the request is not medically necessary.

Amitriptyline 25mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Depressants and Chronic Pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Antidepressants for chronic pain; Functional Restoration Approach to Chronic Pain Management Page(s): 13; 7.

Decision rationale: Similarly, the request for amitriptyline (Elavil) was likewise not medically necessary, medically appropriate, or indicated here. While page 13 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tricyclic antidepressants such as amitriptyline do represent a first-line option for neuropathic pain complaints, as were/are present here. This recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medications" into his choice of recommendations. Here, however, the applicant's work status was not reported on June 24, 2015. The attending provider failed to outline specific functionalities which had been ameliorated as a result of ongoing amitriptyline usage. As the applicant's work and functional status were not clearly reported, subsequently the applicant was not, in fact, working. Ongoing usage of amitriptyline failed to curtail the applicant's dependence on opioid agents such as Norco. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request is not medically necessary.

Tizanidine 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Tizanidine (Zanaflex, generic available); Functional Restoration Approach to Chronic Pain Management Page(s): 66; 7.

Decision rationale: Finally, the request for tizanidine, an anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that antispasmodic medications such as tizanidine are FDA approved in the management of spasticity, but can be employed off labeled for low back pain, as was/is present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant's work and functional status were not reported on June 24, 2015, suggesting the applicant was not, in fact, working. The attending provider failed to outline specific functionalities ameliorated as a result of ongoing tizanidine (Zanaflex) usage (if any). Ongoing use of tizanidine failed to curtail the applicant's dependence on opioid agents such as Norco. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request is not medically necessary.