MAXIMUS Federal Services

Case Number:	CM15-0147218		
Date Assigned:	08/10/2015	Date of Injury:	02/08/2006
Decision Date:	09/10/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/29/2015

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: Hawaii, California, Iowa
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 injured worker is a 56 year old female, who sustained an industrial injury on February 8, 2006. The injured worker was diagnosed as having cervical disc disorder, cervical radiculopathy, and low back pain. Treatments and evaluations to date have included MRIs, epidural steroid injections (ESIs), x-rays, electromyography (EMG), cervical spine fusion, and medication. Currently, the injured worker reports neck and back pain with poor quality of sleep. The Primary Treating Physician's report dated June 17, 2015, noted the injured worker reported her pain had increased since the previous visit, rating her pain with medications a 7 on a scale of 1 to 10, and a 10 on a scale of 1 to 10 without medications, with activity level remaining the same. The injured worker's current medications were listed as Celebrex, Neurontin, Thermacare Heatwrap, Zanaflex, Dilaudid, Zofran, and MS Contin. The injured worker was noted to have received 50% improvement in radicular leg pain from a transforaminal epidural steroid injection (TFESI) on May 26, 2015. Physical examination was noted to show the injured worker with a left sided antalgic gait, with cervical spine range of motion (ROM) restricted with the cervical paravertebral muscles noted to have tenderness bilaterally. On sensory examination hyperesthesia was present over the bilateral lateral forearms with decreased light touch and hyperesthesia to the left lateral forearm and hyperesthesia along the left triceps area. The treatment plan was noted to include refills of the medications including Zanaflex, Celebrex, and Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management... and a reduction in the dependency on continued medical treatment." The guidelines recommend "non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain". Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility, however, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement, with no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, with prolonged use of some medications in this class leading to dependence, and despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Tizanidine (Zanaflex) is FDA approved for management of spasticity, with unlabeled use for low back pain, and with recommendation for liver function testing monitored baseline at 1, 3, and 6 months to monitor for side effects, including hepatotoxicity. The injured worker was noted to have been prescribed Zanaflex since at least February 2015, without documentation of subjective or objective indication of acute flare-ups of muscle spasms. The documentation provided did not indicate the frequency of the injured worker's use of the Zanaflex or of objective, measurable improvement in the injured worker's function, activities of daily living (ADLs), or muscle tension/spasms with the use of the Zanaflex. The documentation provided did not include any laboratory evaluations or physician documentation of the injured worker's liver function testing. Therefore, based on the guidelines, the documentation provided did not support the medical necessity of the request for Zanaflex 4mg #60 with 3 refills.

Neurontin 400mg #180 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management... and a reduction in the dependency on continued medical treatment." The MTUS Chronic Pain Medical Treatment Guidelines notes antiepilepsy drugs (AEDs) are recommended for neuropathic pain, with a "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the trigger to switch to a different first-line agent or a combination therapy if treatment with a single drug agent fails. 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. Neurontin (Gabapentin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. There is a lack of evidence to demonstrate that AEDs significantly reduce the level of myofascial or other sources of somatic pain, and are not recommended. The injured worker was noted to have been prescribed Neurontin since at least February 2015. The documentation provided did not include subjective or objective evidence of the injured worker with diabetic painful neuropathy, postherpetic neuralgia, or neuropathic pain. The documentation provided did not include documentation of current, objective, measurable improvement in the injured worker's pain, function, ability to perform activities of daily living (ADLs), work status, or dependence on continued medical treatment with the use of the Neurontin. Based on the guidelines, the documentation provided did not support the medical necessity of the request for Neurontin 400mg #180 with 3 refills.

Celebrex 100mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Celebrex, NSAIDs Page(s): 22, 30, 70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Anti-inflammatory medications are the traditional first line treatment for pain, but COX-2 inhibitors (Celebrex) should be considered if the patient has risk of GI complications, according to MTUS. Risk factors for GI bleeding according to ODG include: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose or multiple NSAID (e.g., NSAID + low-dose ASA). The medical documents provided do not warrant classification of worker into high risk for GI complications and the treating physician does not indicate other extenuating reasons for the patient to be considered high risk for GI complications. The guidelines have not been met. As such, the request for Celebrex 100mg #60 with 2 refills is not medically necessary.