

Case Number:	CM15-0160788		
Date Assigned:	08/27/2015	Date of Injury:	05/21/2013
Decision Date:	10/09/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/17/2015

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: New York, California
Certification(s)/Specialty: Emergency 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 50 year old male who sustained a work related injury on 5-21-13. The diagnoses have included chronic low back pain and failed back surgery syndrome. Treatments have included oral medications and back surgery. In the PR-2 dated 4-17-15, the injured worker reports continuing low back pain. On physical exam, he has decreased range of motion in lumbar spine with spasm and tenderness to palpation. Sensation, motor strength and deep tendon reflexes are all within normal limits. He is not working at present. The treatment plan includes refills of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg Qty: 120 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, long-term assessment, Opioids, specific drug list.

Decision rationale: Per the CA MTUS guidelines, Oxycodone is an opioid medication with the potential to be addictive. For chronic back pain it "appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another." It is noted that the injured worker has been on this medication for a minimum of 1 month. There is insufficient documentation of pain levels, how effective the Oxycodone has been in relieving his pain or any improvements made in functional capacity. There is insufficient documentation noted about how he takes the Oxycodone in relation to usual dosage, how long it takes the medication to start working or how long any pain relief lasts. Long-term use of opioid medications is not recommended. Documentation does not include a toxicology screen as recommended by the CA MTUS guidelines. Since there is insufficient documentation of an improvement in pain level, a decrease in overall pain and-or an increase in functional capacity, this requested treatment for Oxycodone is not medically necessary.

Lexapro 10mg Qty: 30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 07/15/2015) Online Version.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, SSRIs (selective serotonin reuptake inhibitors).

Decision rationale: Per the CA MTUS guidelines, Lexapro is a selective serotonin reuptake inhibitor (SSRI), "a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials.) It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain." He has been taking this medication for a minimum of 5 months. The records do not reflect what diagnosis the Lexapro was ordered to treat. He does not say how the Lexapro is helping to decrease his pain. Since the evidence shows more information is needed on how SSRIs help with pain, the requested treatment of Lexapro is not medically necessary.

Gabapentin 600mg Qty: 90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

Decision rationale: Per the CA MTUS guidelines, Gabapentin "is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which 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." "A recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain." It is recommended for use in clients with chronic neuropathic pain. There is insufficient documentation of any neuropathic pain symptoms. There are no neurodiagnostic studies included in the medical records that demonstrate neuropathy. There is insufficient documentation of changes with decreased pain levels or an improvement in functional

capabilities. He has been on Gabapentin for a minimum of 5 months. Because pain levels have not decreased, functional abilities have not improved and-or he does not complain of any radicular type symptoms, the requested treatment of Gabapentin is not medically necessary.

Tizanidine 4mg Qty: 60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Per the CA MTUS guidelines, Tizanidine (Zanaflex) is a muscle relaxant used "as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." "However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." "Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." "Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain." He has been on Tizanidine for undetermined amount of time. He does not complain of muscle spasms. Since he has been on this medication for undetermined length of time, he does not complain of muscle spasms, this medication is unlabeled for use in low back pain, and this medication is for short-term treatment, the requested treatment of Tizanidine is not medically necessary.