

Case Number:	CM15-0162707		
Date Assigned:	08/31/2015	Date of Injury:	12/25/2012
Decision Date:	10/09/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/19/2015

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
 Certification(s)/Specialty: Anesthesiology

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 40 year old female, who sustained an industrial injury on 12-25-12. The injured worker was diagnosed as having chronic pain syndrome, brachial neuritis or radiculitis, cervicgia, thoracic or lumbosacral neuritis or radiculitis, degeneration of lumbar or lumbosacral intervertebral disc, sacroiliitis, degeneration of cervical intervertebral disc, drug induced constipation, anxiety, spinal stenosis in cervical region and gastroesophageal reflux disease. Treatment to date has included lumbar epidural steroid injections, oral medications including Gabapentin 300mg, Oxycodone 10mg, Tramadol, Pepcid 40mg, Zanaflex 4mg and Nuvigil; physical therapy, chiropractic care, acupuncture, heat-ice and gentle stretching. Currently on 8-10-15, the injured worker complains of lumbar and cervical spine pain rated 6-8 out of 10 without medications and 4-5 out of 10 with medications, which is unchanged since previous visit. She states her neck pain is flaring up and she gets frequent headaches and the pain radiates to bilateral shoulders and hands with numbness in the hands. She notes chronic pain medication maintenance regimen, activity restrictions and rest keep pain within a manageable level to allow completion of necessary activities of daily living. Physical exam performed on 8-10-15 revealed tenderness in the cervical spine posterior to the cervical area with restricted range of motion and tenderness of lumbosacral area with restricted range of motion of extremities. A request for authorization was submitted on 7-7-15 for Zanaflex 4mg #120, Oxycodone 10mg #90, Gabapentin 300mg 390, Prilosec 40mg #30 and bilateral epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection at bilateral C5-C6: 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): Epidural steroid injections (ESIs).

Decision rationale: According to the California MTUS Treatment Guidelines, epidural steroid injections are recommended as an option for the treatment of radicular pain. Criteria for use of cervical epidural steroid injections (CESI's) include radiculopathy that must be documented by physical exam and corroborated by imaging studies and/or electro-diagnostic testing. The patient should be initially unresponsive to conservative treatments such as exercise programs, physical methods, NSAIDs, and muscle relaxants. Injections should be performed using fluoroscopy for guidance. CESI's are of uncertain benefit and should be preserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. In this case, there is physical exam evidence of specific radiculopathy. There are insufficient clinical findings of radiculopathy, such as dermatomal sensory loss or motor deficits correlating with a specific lesion identified by objective testing. The MRI does not show nerve root compression. Medical necessity for the requested treatment has not been established. The requested treatment is not medically necessary.

Zanaflex 4mg #120: 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: Zanaflex (Tizanidine) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. It is indicated for the treatment of chronic myofascial pain and considered an adjunct treatment for fibromyalgia. According to CA MTUS Guidelines, muscle relaxants have not been considered any more effective than non-steroidal anti-inflammatory drugs (NSAIDs) for pain or overall improvement. There is no additional benefit shown in combination with NSAIDs. In addition, sedation is the most commonly reported adverse effect of muscle relaxant medications. In this case, the patient has no reported lumbar spasm on physical exam. Also, the guideline criteria do not support the long-term use of muscle relaxants. The injured worker has utilized Zanaflex since at least 3-5-15. Medical necessity for the requested medication has not been established. Zanaflex is not medically necessary.

Oxycodone 10mg #90: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Oxycodone.

Decision rationale: According to ODG and MTUS, Oxycodone (Oxycontin) is a long-acting opioid analgesic, and is in a class of drugs that has a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesic. According to ODG, chronic pain can have a mixed physiologic etiology of both that may be used to manage both acute and chronic pain. These medications are generally classified according to potency and duration of dosage. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional improvement from previous usage, duration of pain relief or response to ongoing opiate therapy. The injured worker has utilized Oxycodone since at least 3-5-15. Medical necessity of the requested item has not been established. Of note, discontinuation of an Oxycodone should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.

Gabapentin 300mg #90: 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): Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Gabapentin.

Decision rationale: According to the CA MTUS (2009), Neurontin (Gabapentin) is an anti-epilepsy drug, which has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia, and has been considered as a first-line treatment for neuropathic pain. The records documented that this patient has neuropathic pain related to her chronic neck and low back condition. Neurontin has been part of her medical regimen. However, there is no documentation of relief of pain, improvement in function or reduction in work restrictions to necessitate use of Neurontin. Medical necessity for Neurontin has not been established. The requested medication is not medically necessary.

Butrans patches 10mcg #4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/butrans-patch.html>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Butrans (Buprenorphine).

Decision rationale: Butrans (Buprenorphine) is a schedule-III controlled substance. Its mechanism of action is complex, involving four different opioid receptors at central and peripheral sites. It blocks effects of subsequently administered opioid agonists. Butrans is recommended as an option for the treatment of chronic pain in selected patients (not first-line for all patients) including, patients with a hyperalgesic component to pain, patients with centrally mediated pain, and patients with neuropathic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is documentation of a reduction of pain with his current medication regimen however, there is no documentation of this particular medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. Work status is not documented. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.