

Case Number:	CM15-0168167		
Date Assigned:	09/08/2015	Date of Injury:	08/01/2001
Decision Date:	10/29/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	08/26/2015

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 54 year old male, who sustained an industrial injury on August 1, 2001. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having lumbar complaints, lumbalgia with two-level positive discogram, depression and anxiety disorder not otherwise specified, possibility of sacral injury, recent exacerbation of chronic spinal pain, and status post dorsal rami diagnostic blocks and radiofrequency neurotomy of the lumbar spine. Medical records (May 2015 to August 17, 2015) indicate: ongoing lumbar pain with back stiffness and radicular pain in both legs. Back and hip flexion and extension and hip flexion and rotation worsened his condition. The pain was rated 6-7 out of 10. The physical exam (May 2015 to August 17, 2015) reveals continued mild antalgic gait, difficulty getting on and off the exam table and getting in and out of chair, 4 out of 5 muscle strength of the hip flexors, foot plantar flexors, quadriceps, and foot dorsiflexors bilaterally. There were 2 out of 4 deep tendon reflexes in the bilateral lower extremities, normal sensation of the L5 (lumbar 5) and S1 (sacral 1) dermatomes bilaterally, pain to palpation over the L4-L5 (lumbar 4-lumbar 5) and L5-S1 (lumbar 5-sacral 1) facet capsules bilaterally, pain with rotational extension indicative of facet capsular tears bilaterally, and increased pain on examination. On March 24, 2015, a urine toxicology screen detected Nordiazepam, Temazepam, and Oxazepam. On May 20, 2015, the treating physician noted the urine drug screen was within normal limits. Treatment has included physical therapy with benefit, a home exercise program, and medications including muscle relaxant (Tizanidine since at least May 2015), benzodiazepine (Diazepam since at least May 2015), antidepressants (Cymbalta and Wellbutrin since at least

May 2015) and non-steroidal anti-inflammatory (Ibuprofen since at least May 2015). On August 17, 2015, the requested treatments included Tizanidine 4mg, Cymbalta 30mg, Diazepam 5mg, Ibuprofen 800mg, and Wellbutrin 100mg. On August 24, 2015, the original utilization review non-certified a request for Tizanidine 4mg #180 + 3 refills and partially approved requests for Cymbalta 30mg #30 + 1 refill (original request for #30 + 3 refills), Diazepam 5mg #120 with no refills (original request for #120+ 3 refills) to allow for weaning, Ibuprofen 800mg #90 + 1 refill (original request for #90 + 3 refills), and Wellbutrin 100mg #90 + 1 refills (original request for #90 + 3 refills).

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #180 + 3 refills: 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: The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred consistently for months or more. The current request includes 3 refills which greatly exceeds the short term use recommendations. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. The reports do not contain any patient-specific information about the use of this drug. Per the MTUS, this muscle relaxant is not indicated and is not medically necessary.

Cymbalta 30mg #30 + 3 refills: 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): SSRIs (selective serotonin reuptake inhibitors).

Decision rationale: Cymbalta is a selective serotonin reuptake inhibitory. According to the CA MTUS chronic pain guidelines, SSRIs are not recommended for treatment of chronic pain, however it may be useful in a secondary role to treat depression. Documentation does not support that the medication was being prescribed for the treatment of depression. Furthermore, the medication was prescribed by a provider not specializing in mental health. There was no documentation discussing the IW's response to the medication or duration it has been prescribed. Furthermore, if the is medication is being utilized for the treatment of depression, the request for 3 refills does not suggest adequate and close follow-up. Without the supporting documentation, the request is not medically necessary.

Diazepam 5mg #120 + 3 refills: 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): Benzodiazepines.

Decision rationale: Ca MTUS guidelines state that benzodiazepines are "not recommended for long term use because long term efficacy is unproven and there is a risk of dependence." Furthermore, guidelines limited treatment duration to 4 weeks. Records support the IW has been taking diazepam for a minimum of 4 months. This clearly exceeds the recommended term of use and is not within CA MTUS guideline. The request is not medically necessary.

Ibuprofen 800mg #90 + 3 refills: 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): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

Decision rationale: According to CA MTUS chronic pain guidelines, non-steroidal anti-inflammatory agents are recommended as an option for short-term symptomatic relief for the treatment of chronic low back pain. Further recommendations are for the lowest dose for a minimal duration of time. Specific recommendations for ibuprofen (Motrin) state sufficient clinical improvement should be observed to offset potential risk of treatment with the increase dose. The documentation does not support improvement of symptoms with NSAIDs currently prescribed. The IW has been taking this medication for a minimum of 4 months. Finally, NSAIDs are known to cause renal disease and dysfunction with long-term use. The records do not include any discussion or documentation of kidney function. Without the support of the guidelines, the request is not medically necessary.

Wellbutrin 100mg #90 + 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (Web), 2015, Mental illness & Stress, Bupropion (Wellbutrin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Tricyclics.

Decision rationale: Wellbutrin is a second-generation tricyclic antidepressant shown to be effective in relieving neuropathic pain resulting from different etiologies. However, there is no evidence of efficacy in patients with no-neuropathic chronic low back pain. It is unclear from chart material if this medication is being prescribed for pain, depression, or sleep disturbances. Documentation supports the IW has been on this medication for a minimum of 4 months. Documentation does not indicate improvement of functional status, improvement of sleep or decrease in pain with its use. Furthermore, the request includes refills, which suggests poor short term follow-up for this IW. Without this documentation and support of the guidelines, the request for Wellbutrin is not medically necessary.