

Case Number:	CM15-0184453		
Date Assigned:	09/24/2015	Date of Injury:	05/13/2013
Decision Date:	11/20/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/18/2015

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: 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 33 year old female who sustained an industrial injury on 5-13-13 when she was struck by a car with loss of consciousness. The medical records indicate that the injured worker is being treated for left hip pain; disorder of the right shoulder; inflamed sacroiliac joint; cervical spondylosis without myelopathy; lumbar spondylosis with myelopathy; impingement syndrome of the shoulder region; patellar tendonitis, left; pain in the toe. She currently (8-14-15) complains of bilateral low back pain with left lower extremity weakness; constant right shoulder pain with radiation to right upper extremity with weakness and tingling in the right upper extremity. From the 6-17-15 through the 8-14-15 notes the injured worker was noted to have a 30% decrease in pain and spasms with Skelaxin; Cymbalta afforded a 40% decrease in pain and depression. Since her knee surgery (7-24-15) she is able to shower independently. Her low back pain was unchanged. Per the 6-2-15 progress note her pain level for the low back was 7 out of 10; neck and arm pain was 3 out of 10 (the note did not indicate if this level was with or without medication). Additional pain levels were not present. The pain awakens her from sleep. She has abdominal pain and nausea and feels depressed. With activities of daily living (6-2-15) she needs some assistance with hygiene, she can lift light objects, she uses a cane, difficulty navigating stairs, difficulty with reaching, lifting, pulling, pushing, and repetitive motions. In the 11-18-13 note she did not need assistance with hygiene, some assistance with cooking, housekeeping and shopping. The 11-18-13 note indicates that Skelaxin offered mild improvement with activities of daily living. She has been on Norco and Skelaxin since about 11-18-13, naproxen since about 3-16-15, Cymbalta from 1-15-15 and tizanidine was a new prescription from 8-19-15. Diagnostics

include x-ray of the left hip (1-29-15) normal; MRI of the lumbar spine (8-21-13) showing mild facet hypertrophy L4-5 and L5-S1; MRI of the right shoulder (5-1-14) showing right supraspinatus tendinosis; MRI of the left knee (-1-14-13) showing acromioclavicular degenerative changes, edema; computed tomography of the head (5-13-13) negative. Treatments to date include physical therapy with improvement in shoulder pain; medications: Aleve, Norco, Skelaxin, naproxen, Cymbalta, Zanaflex, Celebrex; status post left knee arthroscopy with partial lateral meniscectomy and left knee synovectomy (7-24-15); intra-articular knee injection with 0% relief; lumbar medial branch neurotomy with 0% relief. The request for authorization (8-19-15) was for metaxalone 800mg #90 with 2 refills; naproxen 500mg #60 with 2 refills; Cymbalta 60 mg #30 with 2 refills; hydrocodone 10 mg #120; tizanidine 2 mg #30 with 2 refills. On 8-26-15 Utilization Review non-certified the requests for metaxalone 800mg #90 with 2 refills based on no clear documentation of acute muscle spasm and the intention to treat over a short time period, no indication of functional benefit or reduction of medications; naproxen 500mg #60 with 2 refills based on no documentation of functional benefit or improvement or reduction of medication use; Cymbalta 60 mg #30 with 2 refills; hydrocodone 10 mg #120; tizanidine 2 mg #30 with 2 refills based on MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Melaxalone 800 mg #90 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request is for the use of a muscle relaxant to aid in pain relief. The MTUS guidelines state that the use of a medication in this class is indicated as a second-line option for short-term treatment of acute exacerbations of low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, which can increase mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain improvement. Efficacy appears to diminish over time, and prolonged use may lead to dependence. (Homik, 2004) Due to inadequate documentation of a recent acute exacerbation and poor effectiveness for chronic long-term use, the request is not medically necessary.

Naproxen 500 mg #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)/NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008) Back Pain - Acute low back pain & acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. In general, there is conflicting to negative evidence that NSAIDs are more effective than acetaminophen for acute LBP. (Van Tulder, 2006) (Hancock, 2007) For patients with acute low back pain with sciatica a recent Cochrane review (including three heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs vs. placebo. In patients with axial low back pain this same review found that NSAIDs were not more effective than acetaminophen for acute low-back pain, and that acetaminophen had fewer side effects. (Roelofs-Cochrane, 2008) The addition of NSAIDs or spinal manipulative therapy does not appear to increase recovery in patients with acute low back pain over that received with acetaminophen treatment and advice from their physician. (Hancock, 2007) Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another. (Roelofs-Cochrane, 2008) See also Anti-inflammatory medications. Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in patients with neuropathic pain. (Namaka, 2004) (Gore, 2006) See NSAIDs, GI symptoms & cardiovascular risk; NSAIDs, hypertension and renal function; & Medications for acute pain (analgesics). Besides the above well-documented side effects of NSAIDs, there are other less well-known effects of NSAIDs, and the use of NSAIDs has been shown to possibly delay and hamper healing in all the soft tissues, including muscles, ligaments, tendons, and cartilage. (Maroon, 2006) The risks of NSAIDs in older patients, which include increased cardiovascular risk and gastrointestinal toxicity, may outweigh the benefits of these medications. (AGS, 2009) As stated above, acetaminophen would be considered first-line treatment for chronic pain. In this case, the continued use of an NSAID is not indicated. This is secondary to inadequate documentation of pain and functional improvement benefit seen. Also, the duration of use places the patient at risk for gastrointestinal and cardiovascular side-effects. In addition, it is known that use of NSAIDs delays the healing of soft tissue including ligaments, tendons, and cartilage. As such, the request is not medically necessary.

Cymbalta 60 mg #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request is for the use of the medication Cymbalta which is in the category of a Selective serotonin and norepinephrine reuptake inhibitor. The MTUS guidelines state this drug is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It has been used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. (Dworkin, 2007) No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. In this case, there is inadequate documentation of significant functional improvement seen with this medication, which is not first-line therapy for neuropathic pain. As such, the guidelines would not support ongoing use. The request is not medically necessary.

Hydrocodone 10 mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The request is for the use of a medication in the opioid class. The MTUS guidelines state that for ongoing treatment with a pharmaceutical in this class, certain requirements are necessary. This includes not only adequate pain control, but also functional improvement. Four domains have been proposed for management of patients on opioids. This includes pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. In this case, there is inadequate documentation of persistent functional improvement seen. As such, the request is not medically necessary. All opioid medications should be titrated down slowly in order to prevent a significant withdrawal syndrome.

Tizanidine 2 mg #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request is for the use of a muscle relaxant to aid in pain relief. The MTUS guidelines state that the use of a medication in this class is indicated as a second-line

option for short-term treatment of acute exacerbations of low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, which can increase mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain improvement. Efficacy appears to diminish over time, and prolonged use may lead to dependence. (Homik, 2004) Due to inadequate documentation of a recent acute exacerbation and poor effectiveness for chronic long-term use, the request is not medically necessary.