

Case Number:	CM15-0190140		
Date Assigned:	10/02/2015	Date of Injury:	04/24/2006
Decision Date:	11/13/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/28/2015

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: Texas, Illinois

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 41 year old female, who sustained an industrial injury on 4-24-2006. She reported a low back injury from repetitive lifting activity. Diagnoses include mild major depressive disorder and anxiety disorder, chondromalacia patella right knee, internal derangement left knee, right knee sprain, fibromyalgia and cervical spine strain; status post multiple lumbar spine surgeries. Treatments to date include activity modification, medication therapy, and physical therapy. On 5-1-15, she complained of ongoing pain in the low back with radiation to bilateral lower extremities and neck pain with radiation to bilateral upper extremities. She also complained of right knee pain with grinding, locking and burning. The medical records indicated Tizanidine and Lyrica were prescribed in 2012 and Gabapentin was prescribed in 2013. The physical examination documented decreased range of motion in the lumbar and cervical spines. The provider documented ongoing persistent symptoms of anxiety and depression. The plan of care included prescriptions for medication as previously prescribed and additional psychotherapy evaluations and treatment. The appeal requested authorization for Gabapentin 300mg #30 with two refills; twelve (12) psychotherapy sessions; and Tizanidine HCL 2 mg tablets, #30 with two refills. The Utilization Reviews dated 9-10-15, denied these requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg, #30 with 2 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): Antiepilepsy drugs (AEDs).

Decision rationale: The injured worker sustained a work related injury on 4-24-2006. The medical records provided indicate the diagnosis of include mild major depressive disorder and anxiety disorder, chondromalacia patella right knee, internal derangement left knee, right knee sprain, fibromyalgia and cervical spine strain; status post multiple lumbar spine surgeries. Treatments to date include activity modification, medication therapy, and physical therapy. The medical records provided for review do not indicate a medical necessity for Gabapentin 300mg, #30 with 2 refills. Gabapentin is an antiepilepsy medication. The MTUS recommends the use of the antiepileptic drugs for the treatment of neuropathic pain. The guidelines recommends that continued use be based on evidence of 30 % reduction in pain, otherwise switch to a different first line agent, or combine with another first line agent. The disease conditions where the antiepileptic drugs have been found useful include: Spinal cord injury, Complex Regional Pain Syndrome, Fibromyalgia, Lumbar spinal stenosis, Post Op pain. Painful polyneuropathy: Post herpetic neuralgia. The antiepileptic drugs have not been found useful in the treatment of myofascial pain, osteoarthritis of the hip, central pain, and chronic non-specific axial low back pain: The medical records indicate she was treated with this medication in 2013, but there was no documentation of the outcome of treatment, therefore is not medically necessary.

Psychotherapy, 12 sessions: 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): Behavioral interventions.

Decision rationale: The injured worker sustained a work related injury on 4-24-2006. The medical records provided indicate the diagnosis of include mild major depressive disorder and anxiety disorder, chondromalacia patella right knee, internal derangement left knee, right knee sprain, fibromyalgia and cervical spine strain; status post multiple lumbar spine surgeries. Treatments to date include activity modification, medication therapy, and physical therapy. The medical records provided for review do not indicate a medical necessity for: Psychotherapy, 12 sessions the medical records indicate the injured worker has had several psychotherapy visits without documented benefit. The MTUS recommends: Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these at risk patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks.

With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks. The request is not medically necessary.

Tizanidine 50mg, #30 with 2 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 injured worker sustained a work related injury on 4-24-2006. The medical records provided indicate the diagnosis of include mild major depressive disorder and anxiety disorder, chondromalacia patella right knee, internal derangement left knee, right knee sprain, fibromyalgia and cervical spine strain; status post multiple lumbar spine surgeries. Treatments to date include activity modification, medication therapy, and physical therapy. The medical records provided for review do not indicate a medical necessity for: Tizanidine 50mg, #30 with 2 refills. The MTUS recommends 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. Tizanidine (Zanaflex) is muscle relaxant recommended its use as a first line option to treat myofascial pain. Due to the risk of liver damage, the MTUS recommends that liver function test be monitored at baseline, 1, 3, and 6 months. There was no documentation of spasms in the the medical examination at time of the request, neither was there a documentation of monitoring for liver function test. Therefore, the requested treatment is not medically necessary.