

Case Number:	CM15-0190524		
Date Assigned:	10/02/2015	Date of Injury:	09/21/2007
Decision Date:	11/10/2015	UR Denial Date:	09/23/2015
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: Arizona, California

Certification(s)/Specialty: Family Practice

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 49 year old male with a date of injury on 09-21-2007. The injured worker is undergoing treatment for chronic right rotator cuff impingement tendonitis, status post right rotator cuff repair, status post open reduction and internal fixation of the left wrist secondary to a fall because the lower extremities give out, status post lumbar surgery syndrome, failed back surgery syndrome, laminectomy syndrome of the lumbar spine, dyspepsia secondary to the stress of chronic pain syndrome. A physician note dated 05-28-2015 documents the injured worker was in the Emergency Department on 05-20-2015 due to rectal bleeding. He was discharged with a diagnosis of rectal bleeding and epigastric pain. When seen in this office he was started on Omeprazole twice a day. He has continued pain in his lower back, shoulders, and wrists. ADL are difficult especially cleaning and driving. He has consistent issues with sitting, standing and walking of 10-15 minutes on average limited by back pain and spasm, and weakness throughout his lower extremities. A physician progress note dated 09-04-2015 documents the injured worker has complaints of upper and lower back pain that goes to right forearm to his wrist and down to his feet. The pain is constant and an achy pain that is aggravated with twisting, bending of the head and neck, pushing, pulling, reaching, lifting, prolonged sitting, standing and walking activities. He has been having some issues with dyspepsia but it is controlled with Omeprazole. He has trigger points palpated in the upper and lower trapezius region and sternocleidomastoid area. Sensory examination in the upper extremities demonstrates paresthesias in digits 3, 4, and 5 on the left and digits 1 and 2 on the right hand. There is a positive Hawkins test on the right, positive apprehension test on the right, positive Speed test on the right. There is a positive Tinel's at his wrists bilaterally. His knees show positive McMurray's and patella compression test bilaterally. He is currently tolerating

his current medication which has improved his ADL by at least 50-60% and reduced his pain by 40%. He will continue on his current medications. A second opinion with a gastrologist for his stomach because of the issue of dyspepsia is recommended. Treatment to date has included diagnostic studies, medications, multiple right shoulder arthroscopic surgeries, multiple lumbar spine surgeries and left wrist surgery. The treatment plan includes Gabapentin 300mg (since at least 01-15-2015) #90 with 3 refills, Lorazepam 1mg (since at least 01-15-2015) #30 with 2 refills, Tizanidine HCL 4mg (since at least 01-15-2015) #60, Omeprazole 20mg (since 05-28-2015) #60, and return visit in 4 weeks or as needed. On 09-23-2015 Utilization Review non-certified the request for Gabapentin 300mg #90 with 3 refills, Lorazepam 1mg #30 with 2 refills, and Tizanidine HCL 4mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine HCL 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG Pain Chapter.

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

Decision rationale: According to the MTUS guidelines, Tizanidine 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. It falls under the category of muscle relaxants. According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the claimant had been on muscle relaxants the prior months. Continued and chronic use of muscle relaxants/antispasmodics is not medically necessary. Therefore Tizanidine is not medically necessary.

Gabapentin 300mg #90 with 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): Antiepilepsy drugs (AEDs).

Decision rationale: According to the MTUS guidelines: Gabapentin (Neurontin) 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, Neurontin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant does not have the stated conditions approved for Gabapentin use. Furthermore, the treatment duration was longer than recommended. Future need cannot be justified and response to Gabapentin alone could not be determined. The Gabapentin with 3

refills is not medically necessary.

Lorazepam 1mg #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): Benzodiazepines.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anticonvulsant, and muscle relaxant. In this case, the claimant was on Ativan intermittently prior to January 2015 and was on muscle relaxants as well as opioids for a prolonged period. Ativan use can increase addiction and side effect potential in addition to a month with 2 months refills is excessive and not medically necessary.