MAXIMUS Federal Services

Case Number:	CM15-0190677		
Date Assigned:	10/02/2015	Date of Injury:	03/19/2010
Decision Date:	12/08/2015	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, Michigan
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:

This 60 year old male sustained an industrial injury on 3-19-10. Documentation indicated that the injured worker was receiving treatment for closed fracture of cervical vertebra, shoulder adhesive capsulitis, hip sprain and strain and ventral hernia. In progress notes dated 4-29-15, 5-19-15, 6-30-15 and 7-29-15, the injured worker complained of pain rated 5 to 8 out of 10 on the visual analog scale. In a progress note dated 6-2-15, the injured worker reported that his hernia was getting worse and was a lot bigger, that his left shoulder was worse and that he had been having trouble with his hip. The injured worker reported that he had improvement in left radicular symptoms following surgery but was now having significant right radicular symptoms. In a progress note dated 8-27-15, the injured worker was four months status post C5-7 anterior decompression and fusion. The injured worker complained of ongoing pain, rated 8 out of 10 without medications and 5 out of 10 with medications. The injured worker reported a 20% increase in his ability to walk, sit and stand with medications. The injured worker reported that Methocarbamol provided "significant" improvement to muscle spasms and Xanax provided "significant" improvement to anxiety symptoms. The injured worker stated that his hernia continued to enlarge. Physical exam was remarkable for neck with range of motion: forward flexion 20 degrees, extension 15 degrees, rotation 45 degrees, mild tenderness to palpation in the paraspinal musculature and bilateral facets, 4 out of 5 motor strength and positive facet loading test and left shoulder range of motion: forward flexion 90 degrees, bilateral rotation 70 degrees and abduction 80 degrees and right upper extremity guarded at the injured worker's side. The physician stated that the injured worker appeared stable on current medications. A CURE was

reviewed and was consistent with prescribed medications. The injured worker had been prescribed Norco, Xanax, Methocarbamol and Gabapentin since at least 4-1-15. The treatment plan included continuing medications (Methocarbamol, Ambien, Norco, Xanax and Gabapentin). On 9-23-15, Utilization Review noncertified a request for Methocarbamol 750mg #100, Xanax 0.25mg #60, Norco 10-325mg #150 and Gabapentin 600mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methocarbarnol 750mg #100: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Pain Procedure Summary Online Version last updated 9/8/2015, non-sedating muscle relaxants.

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

Decision rationale: 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 LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP 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. (Homik, 2004) Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen. It is noted in the injured workers medical records that he is experiencing significant improvement in muscle spasms with the use of Methocarbamol, the continued use appears appropriate; therefore the request for Methocarbarnol 750mg #100 is medically necessary.

Xanax 0.25mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Pain Procedure Summary Online Version last updated 9/8/2015, diagnosing and controlling anxiety.

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

Decision rationale: The MTUS does not recommend long term use of benzodiazepines, long term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to all of its effects develop within weeks to months, and long term use may actually increase anxiety; a more appropriate treatment for anxiety disorder is an antidepressant. Chronic benzodiazepines are the treatment of choice in very few conditions, however the injured worker is reporting significant improvement in anxiety symptoms with the use of Xanax, the continued use appears appropriate, therefore the request for Xanax 0.25mg #60 is medically necessary.

Norco 10/325mg #150: Overturned

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, criteria for use.

Decision rationale: Per the MTUS, opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances, Opioids should be continued if the patient has returned to work or has improved functioning and pain. Ongoing management actions should include prescriptions from a single practitioner, taken as directed and all prescriptions from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. Documentation should follow the 4 A's of analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Long-term users of opioids should be regularly reassessed. In the maintenance phase, the dose should not be lowered if it is working. Also, patients who receive opioid therapy may sometimes develop unexpected changes in their response to opioids, which includes development of abnormal pain, change in pain pattern, persistence of pain at higher levels than expected when this happens opioids can actually increase rather than decrease sensitivity to noxious stimuli. it is important to note that a decrease in opioid efficacy should not always be treated by increasing the dose or adding other opioids, but may actually require weaning. A review of the injured workers medical records reveal documentation of improvement in pain and function with the use of Norco, ongoing management actions were also addressed the continued use appears appropriate. Therefore, the request for Norco 10/325mg #150 is medically necessary.

Gabapentin 600mg (unspecified quantity): Overturned

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: Per the MTUS, antiepilepsy drugs are recommended for neuropathic pain. Gabapentin is considered first line treatment for neuropathic pain. The choice of specific agents reviewed below will depend on the balance between effectiveness and adverse reactions. A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails.

(Eisenberg, 2007) (Jensen, 2006) After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. A review of the injured workers medical records reveal documentation of improvement in pain and function with the use of Gabapentin, the continued use is appropriate; therefore the request for Gabapentin 600mg tid for (30d) #90 is medically necessary.