

Case Number:	CM15-0191785		
Date Assigned:	10/05/2015	Date of Injury:	06/01/2004
Decision Date:	12/09/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/29/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 66 year old female, who sustained an industrial injury on 11-07-1996. The injured worker is being treated for cervical radiculopathy, cervical spine stenosis, lumbar facet arthropathy, lumbar radiculopathy, lumbar spinal stenosis, insomnia, medication related dyspepsia, widespread panic, chronic nausea and vomiting and Barrett's esophagus. Treatment to date has included diagnostics, medications, trigger point injections, TENS, and transforaminal epidural steroid injections. Per the Primary Treating Physician's Progress Report dated 8-11-2015, the injured worker neck pain, low back pain and lower extremity pain. She reported her pain level as 7 out of 10 in severity with medications and 9 out of 10 without. Her pain is unchanged since the last visit. Objective findings included spasm noted bilaterally in the paraspinal muscles. There was tenderness to palpation of the bilateral paravertebral area and range of motion of the lumbar spine was slightly to moderately limited. She received a Toradol-vitamin B12 injection at this visit. The IW is noted to have diabetes mellitus but there are no findings upon the current evaluation of documentation or lab values noted regarding this diagnosis. She is noted to have Barrett's esophagus and medication related dyspepsia but this is not documented at this visit. The notes from the provider dated 12-05-2013, 6-16-2015 and 8-11-2015 do not document efficacy of the prescribed medications including substantial measures of functional improvement attributed to the use of prescribed medications. Pain levels on 6-16-2015 were documented as 7 out of 10 with medications and 9 out of 10 without. She has been prescribed the Lidoderm patches and Metformin since at least 12-2013. The plan of care included medication management and authorization was requested for a urine drug screen,

Tizanidine 2mg #60, Metformin 50mg #240, Farxiga 5mg #60, Lidoderm 5% patch, Omeprazole DR 20mg #60, Tramadol 50mg #120. On 9-01-2015, Utilization Review non-certified the request for Tizanidine 2mg #60, Metformin 50mg #240, Farxiga 5mg #60, Lidoderm 5% patch, Omeprazole DR 20mg #60, Tramadol 50mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 2mg #60: 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: Regarding the request for tizanidine (Zanaflex), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that tizanidine specifically is FDA approved for management of spasticity; unlabeled use for low back pain. Guidelines recommend LFT monitoring at baseline, 1, 3, and 6 months. Within the documentation available for review, there is no identification appropriate liver function testing, as recommended by guidelines. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. This worker has long-standing chronic pain. Given this, the currently requested tizanidine (Zanaflex), is not medically necessary.

Metformin 500mg #240: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes Chapter and Other Medical Treatment Guidelines Up-to-date Online: metformin.

Decision rationale: With regard to this request, the CA MTUS does not directly address metformin. Instead, the ODG Diabetes Chapter and Up-to-date Online are cited. Up-to-date Online is an evidenced-based database and specifies that the mechanism of action of metformin is decreased hepatic glucose production, decreased intestinal absorption of glucose, and improvement of insulin sensitivity (increases peripheral glucose uptake and utilization). The ODG recommend this for Diabetes Type 1, Type 2, and gestational. In the case of this injured worker, there is documentation of diabetes. However, there is no monitoring of blood sugar, HgA1c, and kidney function test while being on Metformin to document the efficacy of this

medication, and to monitor the side effects. Without documentation of routine monitoring, the currently requested Metformin is not medically necessary.

Farxiga 5mg #60: 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) Diabetes Chapter and Other Medical Treatment Guidelines Up-to-date Online: Farxiga.

Decision rationale: With regard to this request, the CA MTUS does not directly address Farxiga. Instead, the ODG Diabetes Chapter and Up-to-date Online are cited. Up-to-date Online is an evidenced-based database and specifies that the mechanism of action is inhibiting sodium-glucose co-transporter 2 (SGLT2) in the proximal renal tubules, dapagliflozin reduces re-absorption of filtered glucose from the tubular lumen and lowers the renal threshold for glucose (RTG). SGLT2 is the main site of filtered glucose re-absorption; reduction of filtered glucose re-absorption and lowering of RTG result in increased urinary excretion of glucose, thereby reducing plasma glucose concentrations. It is used as adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus. In the case of this injured worker, there is documentation of diabetes. However, there is no monitoring of blood sugar, HgA1c, and kidney function test while being on Farxiga to document the efficacy of this medication and to monitor the side effects. Without documentation of routine monitoring, the currently requested Farxiga is not medically necessary.

Lidoderm 5% patch #60: 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): Topical Analgesics.

Decision rationale: Regarding request for topical Lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the first line therapy such as tricyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Additionally, there is no documentation of analgesic effect or objective functional improvement as a result of the currently prescribed Lidoderm. As such, the currently requested Lidoderm is not medically necessary.

Omeprazole DR 20mg #60: 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, GI symptoms & cardiovascular risk.

Decision rationale: Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested omeprazole (Prilosec) is not medically necessary.

Tramadol 50mg #120: 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): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids, specific drug list.

Decision rationale: Regarding the request for Ultram (tramadol), Chronic Pain Medical Treatment Guidelines state that Ultram is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain. However, there is no monitoring of aberrant use with urine drug screen and CUREs report. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Ultram (tramadol) is not medically necessary.