

Case Number:	CM15-0193689		
Date Assigned:	10/07/2015	Date of Injury:	03/22/2004
Decision Date:	12/10/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/01/2015

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: 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 59 year old male, who sustained an industrial injury on 03-22-2004. He has reported injury to the neck and low back. The diagnoses have included chronic low back pain; lumbar herniated discs; lumbar facet arthropathy; lumbar radiculopathy; and cervical discogenic disease with axial neck pain. Treatment to date has included medications, diagnostics, activity modification, and left and right-sided transforaminal epidurals at the L4 and L5 level. Medications have included Percocet, Gabapentin, Tizanidine, Paxil, and Fioricet. A progress note from the treating physician, dated 09-10-2015, documented a follow-up visit with the injured worker. The injured worker reported neck and low back pain; the neck pain is just getting worse and he has had no specific treatment to that area for the past few years; the right-sided back pain is tremendously improved following the epidural that was done on 05-20-2015; the left-sided pain is progressively increasing in intensity and frequency despite the relief he got from the left-side epidural done back on 03-18-2015; he describes the relief as being 60-70% for about 6-8 weeks; he uses the narcotic medication on an as needed bases; he indicates that he continues to use the Gabapentin three times a day, his Tizanidine twice a day as needed, and the Paxil; and he has headaches which appear to be associated to the increasing neck pain. Objective findings included he has tenderness over the cervical facets; range of motion is dramatically decreased; he has a positive facet loading test in the cervical spine; he still has positive straight leg raising on the left; lumbar range of motion is still decreased; he has dermatomal changes in the L4-5 on the left; and dermatomal changes on the right are almost resolved and the right side is doing quite well. The treatment plan has included the request for Percocet 10-325mg #60 1 by

mouth as needed; Gabapentin 300mg 1 by mouth three times a day; Tizanidine 4mg 1 by mouth as needed; Paxil 20mg 1 by mouth daily; and Fioricet 1 by mouth twice daily as needed. The original utilization review, dated 09-30-2015, non-certified the request for Percocet 10-325mg #60 1 by mouth as needed; Gabapentin 300mg 1 by mouth three times a day; Tizanidine 4mg 1 by mouth as needed; Paxil 20mg 1 by mouth daily; and Fioricet 1 by mouth twice daily as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #60 1 PO as needed: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. There is no documentation that the patient fits either of these criteria. Percocet 10/325mg #60 1 PO as needed is not medically necessary.

Gabapentin 300mg 1 PO t.i.d.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

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

Decision rationale: The MTUS states that gabapentin is an anti-epilepsy drug which 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. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is no documentation of any functional improvement. Gabapentin 300mg 1 PO t.i.d. is not medically necessary.

Tizanidine 4mg 1 PO as needed: Upheld

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

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

Decision rationale: Tizanidine is a drug that is used as a muscle relaxant. The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The patient has been taking the muscle relaxant for an extended period of time. Tizanidine 4mg 1 PO as needed is not medically necessary.

Paxil 20mg 1 PO q.d.: Upheld

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

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), SSRIs (selective serotonin reuptake inhibitors).

Decision rationale: According to the Official Disability Guidelines SSRIs are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. SSRIs have not been shown to be effective for low back pain. This patient does not carry a diagnosis of depression. Paxil 20mg 1 PO q.d. is not medically necessary.

Fioricet 1PO b.i.d. prn headaches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Barbiturate-containing analgesic agents.

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), Barbiturate-containing analgesic agents (BCAs).

Decision rationale: The Official Disability Guidelines do not recommend Fioricet for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. Fioricet is commonly used for acute headache, with some data to support it, but there is a risk of medication overuse as well as rebound headache. The medical records do not indicate that the patient's headaches are a contributor to the occupational injury. Fioricet 1PO b.i.d. prn headaches is not medically necessary.