

Case Number:	CM15-0202043		
Date Assigned:	10/16/2015	Date of Injury:	06/28/2000
Decision Date:	12/22/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/14/2015

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 64-year-old female, with a reported date of injury of 06-28-2000. The diagnoses include cervical radiculopathy, status post cervical spine fusion, chronic pain, lumbar post laminectomy syndrome, lumbar radiculopathy, chronic constipation, medication-related dyspepsia, myoclonic neck spasm, and left ilioinguinal neuralgia. Treatments and evaluation to date have included physical therapy, a TENS unit, Butalbital-Acetaminophen-Caffeine (since at least 03-2015), Fentanyl patch, Hydrocodone-Acetaminophen, Pantoprazole (since at least 03-2015), Tizanidine (since at least 03-2015), Senokot-S, Vitamin D (since at least 03-2015), Zofran, Trazodone, Norflex, and Flexeril (since at least 08-2015). The diagnostic studies to date have not been included in the medical records provided. The pain medicine re-evaluation dated 09-15-2015 indicates that the injured worker complained of neck pain, with radiation down the bilateral upper extremities; low back pain, with radiation down the bilateral lower extremities and frequent muscle spasms in the low back bilaterally; pain in the bilateral hands; and difficulty swallowing and voice pitch changes. The pain was rated 3-4 out of 10 with medications since the last visit; and 7-9 out of 10 without medications since the last visit (08-18-2015). The injured worker reported ongoing activity of daily living limitations in self-care and hygiene, hand function, and sleep due to pain. It was noted that the injured worker had three physical therapy visits that were helpful with pain reduction and exercise tolerance. It was also noted that the injured worker wanted to continue with therapy based on her decreased pain, increased level of function and her improved quality of life. The injured worker tolerated the medications, and denied any side effects. The physical examination of the cervical spine showed spasm bilaterally

in the trapezius muscles and C3-7, tenderness in the cervical spine at C4-7, tenderness to palpation at the paravertebral C5-T1 and anterior cervical strap muscles, severely limited range of motion of the cervical spine due to pain, and significantly increased pain with flexion, extension, and rotation, and neck muscle jerking. It was noted that a CT scan of the cervical spine on 04-28-2008 showed posterior osteophyte formation complex at C4-5; an MRI of the cervical spine on 04-03-2007 which showed disc protrusion at C3-4 and posterior disc bulge without stenosis at C6-7; an MRI of the lumbar spine on 11-06-2007 showed moderate broad-based posterior disc protrusion at L4-5 causing mild central canal stenosis and bilateral neural foraminal encroachment and multilevel facet arthropathy in the lumbar spine; and an MRI of the thoracic spine on 11-06-2007 which showed left-sided perineural cyst involving the neural foramen at the T7-8. The injured worker was currently not working and is currently retired. It was noted that Flexeril (Cyclobenzaprine) was discontinued due to limited response. The treating physician requested physical therapy 1-2 times a week for 4 weeks; Pantoprazole 20mg #60, Butalbital-Caffeine 50-325mg #60, Tizanidine 4mg #120, Vitamin D 2000 units #60, and Cyclobenzaprine 10mg #90. On 09-18-2015, Utilization Review (UR) non-certified the request for physical therapy 1-2 times a week for 4 weeks; Pantoprazole 20mg #60, Butalbital-Caffeine 50-325mg #60, Tizanidine 4mg #120, Vitamin D 2000 units #60, and Cyclobenzaprine 10mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 1--2x per week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

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

Decision rationale: With regard to the request for 4-8 session of PT, the CPMTG addresses this issue in the Physical Medicine Section. In the case of this injured worker, the submitted documentation failed to indicate functional improvement from previous physical therapy. This functional improvement can include a reduction in work restrictions or other clinically significant improved function in activities of daily living. According to the Chronic Pain Medical Treatment Guidelines, continuation of physical therapy is contingent on demonstration of functional improvement from previous physical therapy. There is no comprehensive summary of how many sessions have been attended in total over the course of this injury, and what functional benefit the worker gained from PT. Therefore, additional physical therapy is not medically necessary.

Pantoprazole 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: In this request, there is controversy over whether a PPI is warranted in this worker's treatment regimen. The Chronic Pain Medical Treatment Guidelines on page 68-69 states the following regarding the usage of proton pump inhibitors (PPI): "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." In the case of this injured worker, there is no documentation of any of the risk factors above including age, history of multiple NSAID use, history of gastrointestinal ulcer or bleeding, or use of concomitant anticoagulants or corticosteroids. Given this, this request is not medically necessary.

Butalbital/Caffeine 50/325mg, #60 (2x a day): Upheld

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

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

Decision rationale: Butalbital is a barbiturate and this combination of active ingredients is known as Fioricet. Regarding the request for Fioricet, Chronic Pain Medical Treatment Guidelines state that barbiturate containing analgesic agents are not recommended for chronic pain. The guidelines further specify that 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. As such, the currently requested Fioricet is not medically necessary.

Tizanidine 4mg, #120 (4x a day): 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: 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.

Vitamin D 2000 units, #60 (2x a day): 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), Pain Chapter (updated 9/8/15) Vitamin D (cholecalciferol).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Vitamin D (cholecalciferol).

Decision rationale: Regarding the request for Vitamin D, the CA MTUS and ACOEM do not address this issue. The Official Disability Guidelines (ODG) state that, if necessary, vitamin D supplementation is recommended for consideration in chronic pain patients, but these same guidelines also note that Vitamin D deficiency is not considered a workers' compensation condition. Inadequate vitamin D may represent an under-recognized source of nociception and impaired neuromuscular functioning among patients with chronic pain. Physicians who care for patients with chronic, diffuse pain that seems musculoskeletal - and involves many areas of tenderness to palpation - should consider checking vitamin D level. For example, many patients who have been labeled with fibromyalgia may be suffering from symptomatic vitamin D inadequacy. There is also a correlation between inadequate vitamin D levels and the amount of narcotic medication taken by chronic pain patients. Within the documentation available for review, there is no indication of vitamin D deficiency verified by serum level testing. Furthermore, even if such were the case, Vitamin D deficiency is not considered a workers' compensation condition. Given this, the current requested is not medically necessary.

Cyclobenzaprine 10mg, #90: 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: Regarding the request for cyclobenzaprine, 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 cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Given this, the current request is not medically necessary.