

Case Number:	CM15-0204460		
Date Assigned:	10/21/2015	Date of Injury:	10/05/1989
Decision Date:	12/29/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/19/2015

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: Oregon
 Certification(s)/Specialty: Plastic Surgery, Hand Surgery

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 is a 59-year-old female with a date of industrial injury 10-5-1989. The medical records indicated the injured worker (IW) was treated for post lumbar laminectomy with radiculopathy. In the progress notes (5-14-15 and 9-17-15), the IW reported low back pain with left leg radicular pain rated 9.5 out of 10. On examination (9-17-15 notes), straight leg raising remained positive. Gait was antalgic. Forward flexion at the waist was limited. Treatments included Imipramine (since at least 2-2015) to help with sleep and pain, Lyrica (since at least 4-2015) for neuropathic pain, Tramadol (since at least 5-2015) for pain, Levomilnacipran (recommended 2-2015) to help neuropathic pain and Tizanidine (was noted as "stopped" 2-12-2015) for muscle spasms. The IW reported high levels of pain while taking these medications. A Request for Authorization dated 9-22-15 was received for Tizanidine 4mg, #270, Tramadol 50mg, #270, Levomilnacipran, #90, Imipramine 25mg, #90 and Lyrica 50mg, #90. The Utilization Review on 10-2-15 non-certified the request for Tizanidine 4mg, #270, Tramadol 50mg, #270, Levomilnacipran, #90, Imipramine 25mg, #90 and modified the request for Lyrica 50mg, #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4 MG Qty 270: 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: Per MTUS page 63, Muscle relaxants: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) 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. MTUS supports muscle relaxants only for acute exacerbations of pain. The patient has chronic back pain and request exceeds guidelines because the medication is being used to treat chronic back pain. Therefore, the request is not medically necessary.

Tramadol 50 MG Qty 270: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: Per ACOEM, Initial Approaches to Treatment, page 47 and 48, Opioids: Opioids appear to be no more effective than safer analgesics for managing most musculoskeletal and eye symptoms; they should be used only if needed for severe pain and only for a short time. Opioids cause significant side effects, which the clinician should describe to the patient before prescribing them. Poor patient tolerance, constipation, drowsiness, clouded judgment, memory loss, and potential misuse or dependence has been reported in up to 35% of patients. Patients should be informed of these potential side effects. Per MTUS, page 113: Tramadol (Ultram) - Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. ACOEM does not support the use of narcotics for chronic pain. This patient has chronic pain and has been on opiates for an extended period of time. MTUS does not support treatment with Tramadol. Therefore, the request is not medically necessary.

Levomilnacipran Qty 90: Overturned

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

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

Decision rationale: Per MTUS, page 13, Antidepressants for chronic pain: Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain.

Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Levomilnacipran (brand name Fetzima) is an antidepressant. MTUS supports treatment of pain with anti-depressants for pain. This patient has chronic pain and an antidepressant is appropriate. Therefore, the request is medically necessary.

Imipramine 25 MG Qty 90: Overturned

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

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

Decision rationale: Imipramine is a tricyclic antidepressant (TCA) of the dibenzazepine group. Per MTUS page 13, "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated." Imipramine is a tricyclic and therefore is medically necessary. This is a first line treatment for pain and depression, both of which this patient experiences.

Lyrica 50 MG Qty 90: Overturned

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

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

Decision rationale: Per MTUS page 16: Anti-epilepsy drugs (AEDs) are also referred to as anti-convulsants: Recommended for neuropathic pain (pain due to nerve damage). This patient has chronic pain. MTUS generally supports the use of AED's for chronic neuropathic pain. Pain is recurrent following surgery, and Lyrica is an appropriate intervention for the pain. Therefore, the request is medically necessary.