

Case Number:	CM15-0206721		
Date Assigned:	10/23/2015	Date of Injury:	12/30/2006
Decision Date:	12/09/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/20/2015

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

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 57 year old man sustained an industrial injury on 12-30-2006. Diagnoses include lumbar facet arthropathy, lumbar radiculopathy, bilateral ankle pain, bilateral shoulder pain, medication related dyspepsia, and chronic pain. Treatment has included oral medications. Physician notes dated 9-11-2015 show complaints of neck pain with radiation down the bilateral upper extremities and low back pain with radiation down the bilateral lower extremities. The worker rates his pain 9 out of 10 without medications and 6 out of 10 with medications. The physical examination shows an antalgic and slow gait, spasms to the paraspinal musculature, tenderness with palpation of the spinal vertebrae in the L4-S1 region, decreased sensation to touch in the L4-L5 dermatome in the bilateral lower extremities. Lumbar spine range of motion is "moderately limited" due to pain. No measurements were included. Recommendations include home exercise program, second opinion spine surgery consultation, Naproxen, Neurontin, Omeprazole, Tizanidine, Tylenol #3, vitamin D, and follow up in one month. Utilization Review denied requests for Tizanidine, Vitamin D, and Tylenol #3 on 10-6-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg, twice per day, #30 (prescribed 9-11-15): 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: The patient presents with pain in the neck, bilateral shoulders, and low back pain that radiates to the bilateral lower extremities. The request is for TIZANIDINE 4MG, TWICE PER DAY, #30 (PRESCRIBED 9-11-15). Physical examination to the lumbar spine on 07/17/15 revealed tenderness to palpation in the spinal vertebral area L4-S1 levels with spasm. Sensory exam showed decreased sensitivity to touch along the L4-5 dermatomes in bilateral lower extremities. Patient's gait was antalgic and patient used a cane to ambulate. Per 08/20/15 Request For Authorization form, patient's diagnosis include lumbar facet arthropathy, lumbar radiculopathy, bilateral ankle pain, bilateral shoulder pain. Patient's medications, per 08/14/15 progress report include Naproxen, Neurontin, Omeprazole, Tizanidine, Tylenol #3, and Vitamin D. Patient is currently not working. MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain, pg 66: "ANTISPASTICITY/ANTISPASMODIC DRUGS: Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain." The treater has not specifically discussed this request. A prescription for Tizanidine is first noted in progress report dated 02/17/15 and the patient has been utilizing this medication at least since then. However, there is no discussion of its efficacy in terms of pain reduction and functional improvement in the subsequent reports. MTUS page 60 require that medication efficacy in terms of pain reduction and functional gains must be discussed when using for chronic pain. Therefore, this request IS NOT medically necessary.

Vitamin D 2000-units, 3-pills daily, #90 (prescribed 9-11-15): 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 (Online Version): Vitamin D.

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, under Vitamin D.

Decision rationale: The patient presents with pain in the neck, bilateral shoulders, and low back pain that radiates to the bilateral lower extremities. The request is for VITAMIN D 2000-UNITS, 3 PILLS DAILY, #90 (PRESCRIBED 9-11-15). Physical examination to the lumbar spine on 07/17/15 revealed tenderness to palpation in the spinal vertebral area L4-S1 levels with spasm. Sensory exam showed decreased sensitivity to touch along the L4-5 dermatomes in bilateral lower extremities. Patient's gait was antalgic and patient used a cane to ambulate. Per 08/20/15 Request For Authorization form, patient's diagnosis include lumbar facet arthropathy, lumbar radiculopathy, bilateral ankle pain, bilateral shoulder pain. Patient's medications, per 08/14/15

progress report include Naproxen, Neurontin, Omeprazole, Tizanidine, Tylenol #3, and Vitamin D. Patient is currently not working. MTUS Chronic Pain Medical Treatment Guidelines, pg 9 under Pain Outcomes and Endpoints states: "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement." ODG-TWC Guidelines, Pain Chapter under Vitamin D states: Not recommended for the treatment of chronic pain based on recent research below. Although it is not recommended as an isolated pain treatment, vitamin D supplementation is recommended to supplement a documented vitamin deficiency, which is not generally considered a workers' compensation condition. Musculoskeletal pain is associated with low vitamin D levels but the relationship may be explained by physical inactivity and/or other confounding factors. Adjusting for these factors attenuated the relationship, although pain remained moderately associated with increased odds of 20% of having low vitamin D levels. The treater has not discussed this request. Review of the medical records provided indicate that the patient has been utilizing Vitamin D since at least 02/17/15. The treater, however, has not documented the efficacy of this medication. It is not clear if the patient suffers from a deficiency or not. ODG guidelines do not consider Vitamin D deficiency as a worker's compensation condition. Furthermore, ODG Guidelines do not recommend Vitamin D for treatment of chronic pain. This request IS NOT medically necessary.

Tylenol #3, 3-times per day, #90 (prescribed 0-11-15): 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents with pain in the neck, bilateral shoulders, and low back pain that radiates to the bilateral lower extremities. The request is for TYLENOL #3, 3 TIMES PER DAY, #90 (PRESCRIBED 9-11-15). Physical examination to the lumbar spine on 07/17/15 revealed tenderness to palpation in the spinal vertebral area L4-S1 levels with spasm. Sensory exam showed decreased sensitivity to touch along the L4-5 dermatomes in bilateral lower extremities. Patient's gait was antalgic and patient used a cane to ambulate. Per 08/20/15 Request For Authorization form, patient's diagnosis include lumbar facet arthropathy, lumbar radiculopathy, bilateral ankle pain, bilateral shoulder pain. Patient's medications, per 08/14/15 progress report include Naproxen, Neurontin, Omeprazole, Tizanidine, Tylenol #3, and Vitamin D. Patient is currently not working. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of

pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, OPIOIDS FOR CHRONIC PAIN Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." The treater has not discussed this request. The patient has received prescriptions for Tylenol #3 since at least 03/27/15. However, treater has not discussed how Tylenol #3 decreases pain and significantly improves patient's activities of daily living. There are no discussions regarding adverse side effects, aberrant behavior, specific ADL's, etc. No UDS results, CURES reports, or opioid pain contracts were provided either. MTUS requires appropriate discussion of the 4A's. Furthermore, MTUS does not support long-term use of opiates for chronic low back pain and on-going use of opiates does not appear appropriate for this patient's condition. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.