

Case Number:	CM15-0025282		
Date Assigned:	02/17/2015	Date of Injury:	04/17/2008
Decision Date:	04/07/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/10/2015

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:

The injured worker (IW) is a 35 year old female who sustained an industrial injury on 04/17/2008. She has reported back pain rated as 7/10; neck and right shoulder pain rated as 6/10; and sleep rated as 8/10. Diagnoses include lumbar spine myofasciitis with radiculitis and disc injury, and cervical spine myofasciitis with radiculitis and disc injury. Treatment to date includes medications and treatment with a pain specialist. A progress note from the treating provider dated 12/29/2014 indicates tenderness to the cervical and lumbar spine paravertebral muscles with spasm in the trapezius, positive straight leg raise and limited range of motion in the cervical and lumbar spine. The treatment plan includes prescriptions of Gabapentin, Tizanidine, Tramadol and Xanax. On 01/21/2015 Utilization Review non-certified a request for Gabapentin 300mg #180 2 tabs 3x daily. The MTUS Guidelines were cited; non-certified a request for Tizanidine 4mg #120 1 tab every 6 hrs. The MTUS Guidelines were cited; non-certified a request for Tramadol 50mg #120 1 tab every 6 hrs. The MTUS Guidelines were cited; non-certified a request for Xanax 1mg #30 1 tab daily The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1mg #30 1 tab daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 24.

Decision rationale: The patient presents with back pain rated 7/10, neck, and right shoulder pain rated as 6/10. The request is for XANAX 1MG #30 1 TAB DAILY. The RFA provided is dated 01/13/15. Patient's diagnosis on 07/21/14 included lumbar spine myofasciitis with radiculitis and disc injury, and cervical spine myofasciitis with radiculitis and disc injury, and sleep disturbance. Patient is permanent and stationary. MTUS guidelines state on page 24 that benzodiazepines such as Xanax are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." MTUS guidelines do not recommend use of Xanax for prolonged periods of time and state that most guidelines "limit use of this medication to 4 weeks. In this case, the prescription for Xanax was first noted in progress report dated 12/29/14." The continued use of Xanax is not supported by the guidelines. Furthermore, there is no documentation of anxiety or any other indications to support Xanax. Therefore, the request IS NOT medically necessary.

Tramadol 50mg #120 1 tab every 6 hrs.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Tramadol Page(s): 76-78, 88-89, 113.

Decision rationale: The patient presents with back pain rated 7/10, neck, and right shoulder pain rated as 6/10. The request is for TRAMADOL 50MG #120 1 TAB EVERY 6 HRS. The RFA provided is dated 01/13/15. Patient's diagnosis on 07/21/14 included lumbar spine myofasciitis with radiculitis and disc injury, and cervical spine myofasciitis with radiculitis and disc injury, and sleep disturbance. Patient is permanent and stationary. MTUS Guidelines 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 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 p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol states: Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids.

See also Opioids for neuropathic pain. The prescription for Tramadol was first noted on progress report dated 07/21/14 and the patient has been taking the medication consistently at least since then. In this case, treater has not stated how Tramadol reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments that address analgesia. The 4A's are not specifically addressed including discussions regarding adverse reactions, aberrant drug behavior, specific ADL's, etc. There are no discussions in relation to the UDS's, opioid pain agreement, or CURES reports, either. MTUS requires appropriate discussion of the 4A's. Furthermore, a urinary drug screening administered on 09/30/14 revealed positive findings for medications that were not prescribed for the patient thus indicating possible aberrant behavior. There was no follow up UDS performed either. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Gabapentin 300mg #180 2 tabs 3x daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Medications for chronic pain Page(s): 18-19, 60.

Decision rationale: The patient presents with back pain rated 7/10, neck, and right shoulder pain rated as 6/10. The request is for GABAPENTIN 300MG #180 2 TABS 3X DAILY. The RFA provided is dated 01/13/15. Patient's diagnosis on 07/21/14 included lumbar spine myofasciitis with radiculitis and disc injury, and cervical spine myofasciitis with radiculitis and disc injury, and sleep disturbance. Patient is permanent and stationary. MTUS has the following regarding Gabapentin on pg 18,19: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and posttherapeutic neuralgia and has been considered as a first-line treatment for neuropathic pain." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Gabapentin is a first-line treatment for neuropathic pain. In review of progress reports which are hand written and difficult to interpret, there were no documented subjective complaints of radiculopathy for which this medication would be indicated; however, it is acknowledged that the patient has been diagnosed with lumbar spine myofasciitis with radiculitis and disc injury, and cervical spine myofasciitis with radiculitis and disc injury. The prescription for Gabapentin is first noted in progress report dated 07/21/14 and the patient has been taking the medication consistently at least since then. MTUS page 60 requires the medication efficacy in terms of pain reduction and functional gains must be discussed when used for chronic pain; however, the treater has not discussed how this medication has impacted the patient's pain and function. Therefore, the requested Gabapentin IS NOT medically necessary.

Tizanidine 4mg #120 1 tab every 6 hrs.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Medications for chronic pain Page(s): 63-66, 60.

Decision rationale: The patient presents with back pain rated 7/10, neck, and right shoulder pain rated as 6/10. The request is for TIZANIDINE 4MG #120 1 TAB EVERY 6 HRS. The RFA provided is dated 01/13/15. Patient's diagnosis on 07/21/14 included lumbar spine myofasciitis with radiculitis and disc injury, and cervical spine myofasciitis with radiculitis and disc injury, and sleep disturbance. Patient is permanent and stationary. 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." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain.MTUS Guidelines pages 63 through 66 state "recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain." They also state "This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects."Tizanidine is FDA approved for management of spasticity and unlabeled use for low back pain, which the patient is reportedly suffering from. MTUS page 60 requires the medication efficacy in terms of pain reduction and functional gains which must be discussed when used for chronic pain. The treater, however, does not document an improvement in function or a reduction in pain due to Tizanidine use. Additionally, guidelines recommend only a short-term use of the medication. In this case, the prescription for Tizanidine is first noted in progress report dated 07/21/14, and the patient has been taking the medication consistently at least since then. Continued use of this medication is not supported by the guidelines. Therefore, the request IS NOT medically necessary.