

Case Number:	CM15-0058045		
Date Assigned:	04/28/2015	Date of Injury:	06/09/2004
Decision Date:	08/14/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/26/2015

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: New York
 Certification(s)/Specialty: Internal 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 46 year old male, who sustained an industrial injury on 6/9/04. He reported low back pain. The injured worker was diagnosed as having a discogenic lumbar condition status post laminectomy at L4-5, lumbar radiculopathy, and weight gain due to chronic pain and depression. Treatment to date has included chiropractic treatment, TENS, a right L5 epidural injection, and lumbar surgery. A physician's report dated 3/5/14 noted pain was rated as 8/10. A physician's report dated 2/23/15 noted the injured worker has not had any medication related to his industrial injury for one year. Currently, the injured worker complains of low back pain. The treating physician requested authorization for a referral to a spine surgeon, Protonix 20mg #60, Flexeril 7.5mg #60, Tramadol ER 150mg #30, Effexor SR 75mg #60, and Neurontin 600mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Referral to spine surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92,305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Office visits.

Decision rationale: As per MTUS/ACOEM Referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. Depending on the issue involved, it often is helpful to "position" a behavioral health evaluation as a return-to-work evaluation. The goal of such an evaluation is, in fact, functional recovery and return to work. Collaboration with the employer and insurer is necessary to design an action plan to address multiple issues, which may include arranging for an external case manager. The physician can function in this role, but it may require some discussion to insure compensation for assuming this added responsibility. As per MTUS/ACOEM, Chapter 12, Low Back Complaints--Surgical Considerations: Within the first three months after onset of acute low back symptoms, surgery is considered only when serious spinal pathology or nerve root dysfunction not responsive to conservative therapy (and obviously due to a herniated disk) is detected. Disk herniation, characterized by protrusion of the central nucleus pulposus through a defect in the outer annulus fibrosis, may impinge on a nerve root, causing irritation, back and leg symptoms, and nerve root dysfunction. The presence of a herniated disk on an imaging study, however, does not necessarily imply nerve root dysfunction. Studies of asymptomatic adults commonly demonstrate intervertebral disk herniations that apparently do not cause symptoms. Some studies show spontaneous disk resorption without surgery, while others suggest that pain may be due to irritation of the dorsal root ganglion by inflammogens (metalloproteinases, nitric oxide, interleukin- 6, prostaglandin E2) released from a damaged disk in the absence of anatomical evidence of direct contact between neural elements and disk material. Therefore, referral for surgical consultation is indicated for patients who have: Severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms. Clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term. Official Disability Guidelines (ODG) recommend office visits as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment. Physician may refer to other specialists if diagnosis is complex or extremely complex. Consultation is used to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The notes submitted by treating provider do not indicate why referral is needed. Medical records are not clear about any change in injured worker's chronic symptoms. Given the lack of documentation and considering the given guidelines, the request is not medically necessary.

Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors (PPIs) Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Proton pump inhibitors (PPIs).

Decision rationale: According to CA MTUS (2009), proton pump inhibitors, such as Protonix (Pantoprazole), are recommended for patients at risk for gastrointestinal events or taking NSAIDs with documented GI distress symptoms. There is no documentation indicating the patient has any GI symptoms or GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. There is no documentation of any reported GI complaints. Based on the available information provided for review, Protonix is not medically necessary.

Flexeril 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-65. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle relaxants.

Decision rationale: According to the reviewed literature, Cyclobenzaprine (Flexeril) is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. In addition, this medication is not recommended to be used for longer than 2-3 weeks. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. In this case, the available records show that the injured worker has not shown a documented benefit or any functional improvement from prior Cyclobenzaprine use. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested treatment is not medically necessary.

Tramadol ER 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultram (tramadol) Page(s): 75-82.

Decision rationale: The California MTUS Chronic Pain Medical Treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. "Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its

side effects. It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications." The documentation submitted did not include functional improvement with the use of this medication. Functional improvement is defined as a decrease in work restrictions or improvement in activities of daily living, plus decreased dependence on medical treatment. There was no documentation of definite return to work or decrease in work restrictions, no specific improvement in activities of daily living as a result of use of Tramadol, Therefore the request for Tramadol ER 150 mg, #30 is not medically necessary. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms.

Effexor SR 75mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective-serotonin and norepinephrine reuptake inhibitor (SNRIs).

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 Effexor (venlafaxine).

Decision rationale: The prescription for Venlafaxine (Effexor) is evaluated in light of the Official Disability Guidelines (ODG) recommendations. According to the ODG, Venlafaxine (Effexor) is recommended as an option in first-line treatment of neuropathic pain. Venlafaxine is a member of the selective serotonin and norepinephrine reuptake inhibitors (SNRIs) class of antidepressants. It has FDA approval for treatment of depression and anxiety disorders. It is off-label recommended for the treatment of neuropathic pain, diabetic neuropathy, fibromyalgia, and headaches. It may have an advantage over tricyclic antidepressants due to lack of anticholinergic side effects. In this case, there is no compelling evidence presented by the treating provider that indicates this injured worker has had any significant improvements from this medication, and also review of Medical Records do not clarify that previous use of this medication has been effective in this injured worker for maintaining any functional improvement. Medical necessity for the requested medication has not been established. Of note, withdrawal effects can be severe. Abrupt discontinuation should be avoided and tapering is recommended before discontinuation. The requested medication is not medically necessary.

Neurontin 600mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-20, 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Anti-epilepsy drugs (AEDs) for pain.

Decision rationale: According to the CA MTUS (2009) and ODG, Neurontin (Gabapentin) is an anti-epilepsy drug, which has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia, and has been considered as a first-line treatment for neuropathic pain. The records do not indicate that this injured worker has neuropathic pain related to his chronic low back condition. Neurontin has been part of her medical regimen. However In this case, there is no compelling evidence presented by the treating provider that indicates this injured worker has had any significant improvements from this medication, and review of Medical Records do not clarify that previous use of this medication has been effective in this injured worker for maintaining the functional improvement. Medical necessity for Neurontin has not been established. The requested medication is not medically necessary.