MAXIMUS Federal Services

Case Number:	CM13-0034027		
Date Assigned:	12/06/2013	Date of Injury:	01/04/2008
Decision Date:	06/16/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/11/2013

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. The expert reviewer is Board Certified in Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 33-year-old male who reported an injury on 01/04/2008. The mechanism of injury was not provided for review. The patient developed chronic low back pain that radiated into the bilateral lower extremities. Prior treatment included drug therapy, activity modification, physical therapy, epidural steroid injections, and trigger point injections. The patient's most recent clinical evaluation included an assessment of pain levels that stated the patient had 4/10 pain with medication and 10/10 without. It was also noted that the patient's compliance was monitored by urine drug screens that were considered consistent. Objective findings included tenderness to palpation over the spinal vertebral musculature at the L4-S1 levels, and myofascial trigger points were identified on palpation in the bilateral paraspinous musculature. The patient's diagnoses included lumbar radiculopathy, status post lumbar laminectomy, chronic pain, and epidural fibrosis. The patient's treatment plan included trigger point injections and continuation of medication usage to include Norco 10/325 mg, Gabapentin 600 mg, and Tizanidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION FOR GABAPENTIN 600MG #30:

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The requested Gabapentin 600 mg #30 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has pain that requires medication management. However, anti-epilepsy drugs are recommended for neuropathic pain due to nerve damage. The clinical documentation submitted for review does not provide any objective evidence of pain related to neurological deficits. Objective findings conclude that the patient's pain is myofascially related. Additionally, California Medical Treatment Utilization Schedule recommends that medications used in the management of chronic pain be supported by increased functional benefit and an assessment of symptom response. Although the clinical documentation does indicate that the patient has reduced pain related to medication usage, there is no documentation of increased functional benefit related to this medication. Therefore, continued use would not be supported. As such, the prescription for Gabapentin 600 mg #30 is not medically necessary or appropriate.

ONE PRESCRIPTION FOR TIZANIDINE HCL 4MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The request for 1 prescription for Tizanidine Hydrochloride 4 mg #90 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has been on this prescription for an extended duration of time. California Medical Treatment Utilization Schedule does not recommend long term use of muscle relaxants. Therefore, continued use of this medication would not be supported. Additionally, the clinical documentation submitted for review states the patient has failed to respond to drug therapy, supporting the need for trigger point injections. There is no evidence in the documentation that this medication is providing effective relief for the patient's myofascial pain and muscle spasming. Therefore, continued use would not be supported. As such, the requested Tizanidine Hydrochloride 4 mg #90 is not medically necessary or appropriate.

ONE PRESCRIPTION FOR HYDROCODONE/APAP 10/325MG #75: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78.

Decision rationale: The requested prescription for Hydrocodone/APAP 10/325 mg #75 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. California Medical Treatment Utilization Schedule recommends the continued use of opioids in

the management of a patient's chronic pain be supported by increased functional benefit, an assessment of pain relief, managed side effects, and evidence of monitoring for aberrant behavior. The clinical documentation submitted for review does provide evidence that the patient is monitored for aberrant behavior with urine drug screens, and that the patient does have pain relief. It is noted within the clinical exam that the patient has 4/10 pain with medication, and 10/10 without medication. However, the clinical documentation does not provide any evidence of significant functional benefit related to this medication. Therefore, continued use would not be supported by guideline recommendations. As such, the requested Hydrocodone/ APAP 10/325 mg #75 is not medically necessary or appropriate.