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 Occupational Medicine and is licensed to practice in California. 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 64-year-old male who has filed a claim for cervical and lumbar degenerative disc disease associated with an industrial injury date of July 21, 2003. Review of progress notes indicates that the medications decrease pain levels by more than 50% and keeps the patient functional. Patient has chronic, severe pain at multiple sites. Findings include tenderness of the cervical and lumbar paraspinals, decreased range of motion of the cervical and lumbar spines, positive straight leg raise test bilaterally, antalgic gait, decreased strength and sensation of the right upper extremity and bilateral lower extremities, and decreased tendon reflexes of the lower extremities. This includes failed neck syndrome, which is non-operative, and low back pain with radiculopathy. Treatment to date has included opioids, antidepressants, sedatives, muscle relaxants, home exercise program, right rotator cuff repair, and cervical spinal surgery. Utilization review from January 18, 2014 denied the requests for Nizatidine 150mg #90 as there were no side effects from the medication regimen; tizanidine HCl 4mg #90 and alprazolam 1mg #100 as these are not recommended for long-term use; methadone HCl 10mg #240 as the patient should have been weaned off this medication by May 2013; psychiatric clearance for benzodiazepine usage for anxiety secondary to chronic pain as a psychiatric clearance for benzodiazepine use is not necessary, and a previous request was certified; and spinal cord stimulator trial as there is no evidence showing failed conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Nizatidine 150 mg #60:** Upheld
Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Food and Drug Administration, H2 blockers.

Decision rationale: The CA MTUS and ODG do not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Food and Drug Administration was used instead. The FDA states that Nizatidine is an anti-acid indicated in the treatment and prevention of ulcers, the treatment of heartburn and the stomach disorder GERD (gastroesophageal reflux disease), as well as conditions associated with excess acid secretion. Nizatidine belongs to a class of medications known as H2-blockers that inhibit the action of histamine on stomach cells, thus reducing stomach acid production. Patient has been on this medication since at least February 2013. The patient reports that there are no side effects with the current medication regimen. There is no documentation regarding GI symptoms to support this request. Therefore, the request for Nizatidine 150mg #60 is not medically necessary.

Tizanidine HCL 4 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: As stated on CA MTUS Chronic Pain Medical Treatment Guidelines pages 63-66, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. They may be effective in reducing pain and muscle tension, and increasing mobility. However, they show no benefit beyond NSAIDs in pain and overall improvement. Patient has been on this medication since at least July 2012. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. There is no documentation of acute exacerbation of pain, or of significant muscle spasms, to support the continued use of this medication. Also, this medication is not recommended for chronic use. Therefore, the request for tizanidine HCl 4mg #90 is not medically necessary.

Alprazolam 1 mg #100: 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:** As noted on page 24 of the CA MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Patient has been on this medication since March 2013. There is no documentation regarding anxiety of muscle spasms to support the continued use of this medication. Also, this patient is on another benzodiazepine, and there is no indication as to why concurrent use is necessary. Also, this medication is not recommended for chronic use. Therefore, the request for Alprazolam 1mg #100 is not medically necessary.

**Methadone HCL 10 mg #240:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61-62.

**Decision rationale:** As noted on pages 61-62 of the CA MTUS Chronic Pain Medical Treatment Guidelines, methadone is recommended as a second line drug for moderate to severe pain if the potential benefit outweighs the risk. Patient has been on this medication since at least February 2013. Patient is also concurrently on Norco. The patient is taking 4 tablets of methadone every 12 hours. Documentation indicates that the patient should have been completely weaned off from methadone by now. Also, there is no indication of intolerance to first-line opioid medications to support the use of methadone. Therefore, the request for methadone HCl 10mg #240 is not medically necessary.

**Psychiatric clearance for Benzodiazepine usage for anxiety secondary to chronic pain:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page 127 and 156.

**Decision rationale:** As stated on pages 127 and 156 of the ACOEM Independent Medical Examinations and Consultations Guidelines referenced by CA MTUS, occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the progress notes do not describe anxiety symptoms. Also, a psychiatric clearance for benzodiazepine use is not necessary. Previous utilization review dated April 08, 2013 already authorized referral to psychiatrist for take over of anxiety medications, and recent
progress notes indicate that the issue regarding alprazolam use for anxiety has already been taken over by the designated physician. Therefore, the request for psychiatric clearance for benzodiazepine usage for anxiety secondary to chronic pain is not medically necessary.

**Spinal Cord Stimulator trial under fluoroscopic guidance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators) Page(s): 101, 105-107.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines criteria for SCS trial placement include: failed back syndrome, more helpful for lower extremity symptoms; CRPS; phantom limb pain; postherpetic neuralgia; spinal cord injury dysesthesias; pain associated with multiple sclerosis; and peripheral vascular disease. It is a reasonable alternative for patients who suffer from neuropathic pain lasting at least 6 months despite appropriate conventional medical management, and who have had a successful trial of stimulation. Psychological evaluations are recommended for spinal cord stimulator trial. In this case, progress notes indicate that the patient has failed back syndrome. However, there is no documentation of failure of conventional medical management as this patient is getting significant pain relief with the current medication regimen, with corresponding increase in functional capacity. Also, there is no documentation of a psychological evaluation for the spinal cord stimulator trial. Therefore, the request for spinal cord stimulator trial under fluoroscopic guidance is not medically necessary.