

Case Number:	CM14-0123606		
Date Assigned:	08/08/2014	Date of Injury:	11/18/2009
Decision Date:	09/29/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/05/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 52-year old female who reported an injury on 11/18/2009 following lifting a box. Diagnoses included refractory L4-5 discogenic pain with radiating symptoms. Past treatments included epidural steroid injections, trigger point and facet injections, home exercise program, and medications. Diagnostic studies included an Electrodiagnostic test on 03/24/2010 which revealed lower extremities within normal limits, unofficial. The injured worker had multiple MRIs of the lumbar spine, the most recent on 07/15/2010, which revealed an L4-5 disc protrusion with bilateral foraminal narrowing and facet hypertrophy, and facet hypertrophy at L3-4 and L5-S1, unofficial. A discogram was completed on 01/03/2011 which indicated positive provocative results at L-4-5, unofficial. Surgical history was not provided. The clinical note dated 06/16/2014 indicated the injured worker complained of low back pain and stated the medications have been helpful. Physical exam revealed positive yeoman test, positive straight leg raise, diffuse lumbar spine tenderness, decreased range of motion, and decreased sensation in all dermatomes on the left as compared to the right. Medications included Tramadol 50 mg, Tizanidine 4 mg, and Neurontin 600 mg, Lidoderm 5% patch, Xanax 1 mg, Prilosec 20 mg, and Ambien 10 mg. The treatment plan included recommendations for Tizanidine 4 mg #15, Neurontin 600 mg #45, Lidoderm patch 5% #30, and Tramadol 50 mg #120; the rationale for treatment was not provided. The request for authorization form was completed on 06/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidin 4 mg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63, 67-68, 16-17, 56.

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

Decision rationale: The California MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The guidelines indicate that Tizanidine is FDA approved for the management of spasticity with an unlabeled use for low back pain. The injured worker had been taking the medication since at least 06/24/2011; therefore, the continued use of the medication would exceed the guideline recommendation for a short course of treatment. The injured worker continued to have complaints of low back pain. There is a lack of quantified evidence of pain relief and decreased spasms with the medication. There is a lack of documentation indicating the injured worker has significant muscle spasms or spasticity upon physical examination. The requesting physician's rationale for the request is not indicated within the provided documentation. In addition, the request does not include indicators of quantity and frequency for taking the medication. Therefore, the request for Tizanidine 4 mg #15 is not medically necessary.

Neurontin 600 mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63, 67-68, 16-17, 56.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

Decision rationale: The request for Neurontin 600 mg #45 is not medically necessary. The California MTUS guidelines indicate that gabapentin is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy, and has been considered as a first-line treatment for neuropathic pain. Neurontin is the brand name of gabapentin. The injured worker has been taking the medication since at least 06/24/2011, and continued to have complaints of low back pain. There is a lack of quantified evidence of pain relief or documentation to support the diagnosis of neuropathy. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. In addition, the request does not include indicators of quantity and frequency for taking the medication. Therefore, the request for Neurontin 600 mg #45 is not medically necessary.

Lidoderm Patch 5 percent #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63, 67-68, 16-17, 56.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

Decision rationale: The request for Lidoderm Patch 5% #30 is not medically necessary. The California MTUS guidelines indicate that topical lidocaine, in the form of Lidoderm patch, may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an anti-epilepsy drug such as gabapentin or Lyrica). The injured worker has been using the patch since at least 01/20/2014, and continued to have complaints of low back pain. There is a lack of quantified evidence of pain relief. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The requesting physician's rationale for the request is not indicated within the provided documentation. In addition, the request does not include indicators of location and frequency for using the patch. Therefore, the request for Lidoderm Patch 5% #30 is not medically necessary.

Tramadol 50 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63, 67-68, 16-17, 56.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 80.

Decision rationale: The request for Tramadol 50 mg #120 is not medically necessary. The California MTUS guidelines indicate that opioids for chronic back pain appears to be efficacious but limited for short-term pain relief, and long term efficacy is unclear but also appears limited. The guidelines indicate that the criteria for the ongoing management of opioid use includes ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids and include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The injured worker had been taking the requested medication since at least 09/05/2011, and continued to have complaints of low back pain. There is lack of quantified evidence of pain relief, documentation of side effects, or documentation of the occurrence of any nonadherent drug related behaviors. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. In addition, the request does not include indicators of quantity and frequency for taking the medication. Therefore, the request for Tramadol 50 mg #120 is not medically necessary.