

Case Number:	CM14-0175983		
Date Assigned:	10/29/2014	Date of Injury:	04/25/2001
Decision Date:	12/05/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/23/2014

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 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:

This is a 43-year-old female with a 4/25/2001 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 9/2/14 noted subjective complaints of shoulder and low back pain. Objective findings included lumbar paraspinal tenderness. It is noted that the patient has stopped taking Tizanidine and requests that it be discontinued. Patient uses Nexium for GI side effects with her medications. Gabapentin is noted to decrease the burning searing pain in her legs. Diagnostic Impression: sciatica, shoulder pain, syndrome post-laminectomy lumbar Treatment to Date: medication management, physical therapy A UR decision dated 9/23/14 denied the request for ketamine 5% cream 60 gr, quantity 1. Per MTUS topical NSAIDs have been shown to be superior to placebo during the first 2 weeks of treatment for osteoarthritis but with diminishing effects over another 2-week period. It also denied Nexium 40 mg capsule quantity. 30 refills 6. MTUS support use of PPI for those with GI risk factors, not seen here. It also modified Gabapentin 600 mg quantity 90 ref 5 approving Gabapentin 600 mg quantity for 90 without refills as the patient is scheduled for follow-up in 30 days for the gabapentin. Ongoing use must be supported by objective functional benefit. It also denied Tizanidine - Zanaflex 4 mg #90 ref 3. It is noted that the patient uses very little of the medication and requests that it be discontinued. MTUS does not support chronic use of muscle relaxants.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 5% Cream 60gr: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

Decision rationale: CA MTUS states that topical ketamine has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia and both have shown encouraging results. The exact mechanism of action remains undetermined. However, in review of the documents available for review, there is no mention of CRPS or post-herpetic neuralgia. Additionally, there is no clear documentation of specific benefit derived from use of ketamine. Therefore, the request for Ketamine 5% cream 60 gr is not medically necessary.

Nexium 40mg #30 x 6 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (esomeprazole)

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. It is noted specifically that Nexium is being used for GI symptoms related to medication usage. Prior discontinuation has resulted in recurrence of GI side effects. Therefore, the request for Nexium 40 mg #30 x 6 refills is medically necessary.

Gabapentin 600mg #90 x 5 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epileptic drugs Page(s): 16-18, 49. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Neurontin)

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. It is specifically noted that Gabapentin use decreased the burning searing pain in her legs. Prior attempts to discontinue this medication have resulted in immediate return of this neuropathic

pain. Continued use is substantiated. Therefore, the request for Gabapentin 600 mg #90 x 5 refills is medically necessary.

Tizanidine-Zanaflex Hcl 4mg #90 x 3 refills: 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): 63-66.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity and off label use for low back pain. In addition, MTUS also states that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. However, it is noted that the patient has discontinued Tizanidine and requests the medication to be stopped. Additionally, guidelines do not recommend the chronic use of muscle relaxants. Therefore, the request for Tizanidine - Zanaflex Hcl 4 mg #90 x 3 refills is not medically necessary.