

Case Number:	CM14-0219118		
Date Assigned:	01/09/2015	Date of Injury:	09/10/2013
Decision Date:	03/11/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/31/2014

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. 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, Tennessee
 Certification(s)/Specialty: Emergency 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 33 year-old female, who was injured on September 10, 2013, while performing regular work duties. She continues with right sided neck pain, low back pain with radiation to the left thigh. The injured worker has received treatment including medications, and a home exercise program. The Utilization Review indicates that on November 6, 2014, a partial certification was given for Gabapentin 300 mg, quantity #90 with no refills to allow for discontinuation of this medication; and partial certification of Tizanidine 4 mg, quantity #20 with no refills to allow for discontinuation of this medication; and a certification of Hydrocodone/Acetaminophen 5/325 mg, quantity #60 was given to allow for documentation regarding the functional benefit otherwise this medication was recommended to be discontinued. The request for authorization is for Gabapentin 300 mg, quantity #90, with two (2) refills; Hydrocodone/Acetaminophen 5/325 mg, quantity #60; and Tizanidine 2 mg, quantity #60, with one (1) refill. The primary diagnoses are cervical disc displacement, low back pain, chronic pain syndrome, and myalgia and myositis. On December 2, 2014, Utilization Review non-certified the request for for Gabapentin 300 mg, quantity #90, with two (2) refills; Hydrocodone/Acetaminophen 5/325 mg, quantity #60; and Tizanidine 2 mg, quantity #60, with one (1) refill, based on Chronic Pain Medical Treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 18-19.

Decision rationale: Gabapentin is an anti-epileptic medication. Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain and has FDA approval for treatment of post-herpetic neuralgia. Gabapentin appears to be effective in reducing abnormal hypersensitivity, to have anti-anxiety effects, and may be beneficial as a sleep aid. Gabapentin has a favorable side-effect profile, few clinically significant drug-drug interactions and is generally well tolerated; however, common side effects include dizziness, somnolence, confusion, ataxia, peripheral edema, dry mouth, and weight gain. It has been recommended for the treatment of pain from spinal cord injury, fibromyalgia, lumbar spinal stenosis, and chronic regional pain syndrome. Recommended trial period is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. If inadequate control of pain is found, a switch to another first-line drug is recommended. In this case the patient has been taking gabapentin since at least May 2014 and has not obtained analgesia. Recommendations for using gabapentin have not been met. The request should not be authorized.

Hydrocodone/Acetaminophen 5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 11, 74-96.

Decision rationale: Hydrocodone/acetaminophen 5/325 is the compounded medication containing hydrocodone and acetaminophen. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDS have failed. Opioids may be a safer choice for patients with cardiac and renal disease than antidepressants or anticonvulsants. Acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. Renal insufficiency occurs in 1 to 2% of patients with overdose.

The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 4 hours with a maximum of 4 g/day. In this case the patient has been receiving hydrocodone/acetaminophen since at least May 2014 and has not obtained analgesia. In addition there is no documentation that the patient has signed an opioid contract or is participating in urine drug testing. Criteria for long-term opioid use have not been met. The request should not be authorized.

Tizanidine 2mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 63, 65.

Decision rationale: Tizanidine is a muscle relaxant that acts centrally as an alpha2-adrenergic agonist that is FDA approved for management of spasticity. Side effects include somnolence, dizziness, dry mouth, hypotension, weakness, and hepatotoxicity. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment (less than two weeks) of acute exacerbations in patients with chronic LBP. 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. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. In this case the patient has been using Tizanidine since at least May 2014. The duration of treatment surpasses the recommended short-term duration of two weeks. The request should not be authorized.