

Case Number:	CM15-0010100		
Date Assigned:	01/27/2015	Date of Injury:	08/31/2011
Decision Date:	03/26/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/16/2015

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
 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 43 year old female, who sustained a work related injury on 3/31/11. The diagnoses have included lumbar disc protrusions, lumbar discogenic pain and lumbar spine myofascial pain. Treatments to date have included epidural steroid injection, oral medications and activity modification. The injured worker complains of chronic low back pain. She has pain that radiates down right leg. She rates the pain a 4-8/10. She has tenderness to palpation of lower back. Her last urine drug screen was 10/22/14. On 12/17/14, Utilization Review non-certified requests for Zanaflex 4mg. #60, Max Gel 1 tube and a urine drug screen. The California MTUS, Chronic Pain Treatment Guidelines, were cited. On 12/17/14, Utilization Review modified prescription requests for Norco 10/325mg. #30 to Norco 10/325mg. #15, Elavil 10mg. #60 to Elavil 10mg. #30 and Neurontin 300mg. #60 to Neurontin 300mg. #30. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Management, Opioids - steps to avoid misuse / addiction Page(s): 80-81, 86, 94.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The submitted material includes discussion of two urine drug screens, both of which were inconsistent with the prescribed medications. These failed drug tests have had no impact on the treatment plan. The medications continued to be prescribed without change. In addition, testing has not been random, as is recommended in the guidelines. The included documentation fails to include the above recommended documentation. In addition, the request does not include dosing frequency or duration. The request for opiate analgesia is not medically necessary.

Elavil 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Amitriptyline, Antidepressants for chronic pain Page(s): 13-15.

Decision rationale: Elavil is a tricyclic antidepressant. According to CA MTUS chronic pain guidelines, tricyclic antidepressants are recommended as a first line option for neuropathic pain with analgesic efficacy generally noted within a few days to week following initiation of treatment. Further guidelines recommend "assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medications, sleep quality and duration, and psychological assessment." The documentation reports improvement of pain with the use of medications, but specific responses to individual medications is not noted in the record. Additionally, the provider continues to prescribe the same medications without indication of reliance on any of the medications. The request does not include dosing frequency. Without this documentation, the request for Elavil is not medically necessary in accordance with MTUS guidelines.

Neurontin 300mg #60: 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 Gabapentin page, Anti-Epilepsy Drugs, Page, Medication trials Page(s): 49, 16-21, 60.

Decision rationale: According to CA MTUS, gabapentin is an anti-epilepsy drug which has efficacy for diabetic neuropathy or post-herpetic neuropathy. It has also been considered a first line agent for neuropathic pain. There is not sufficient evidence to recommend the use of these medications for the treatment of chronic non-specific, non-neuropathic axial low back pain. Ongoing use of these medications recommends "documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects." The IW does not have diabetic neuropathy or post-herpetic conditions. The documentation reports improvement of pain with the use of medications, but specific responses to individual medications is not noted in the record. Additionally, the request does not include dosing frequency. Without this documentation, the request for gabapentin is not medically necessary in accordance with MTUS guidelines.

Zanaflex 4mg #60: 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 relaxers chronic pain Page(s): 64, 66.

Decision rationale: CA MTUS guideline states muscle relaxers should be used "as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." Guidelines further state "Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time." With respect to Zanaflex, guideline state "is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain" Documentation supports ongoing prescribing of zanaflex. There is not documentation to support the IW's response to use of zanaflex. As noted, the guidelines recommend against use for chronic pain. This medication has been prescribed for a minimum of 4 months according to the records reviewed. Documentation does not support a new or acute exacerbation of injury. The request is not medically necessary.

Max gel one tube: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: CA MTUS chronic pain guidelines, topical analgesics are "largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines also state "Many agents are compounded as monotherapy or in combination for pain control... There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug that is not recommended is not recommended." It is unclear from the submitted documentation what "Max gel" contains as an

active ingredient. Furthermore, the request does not include dosing frequency, site of application, or duration. Without clarity of the substance requested or details of the intended use, the request does not align with MTUS guidelines and is not medically necessary.

UA drug screen: 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, drug screen Page(s): 77-80.

Decision rationale: Ca MTUS recommends drug testing as an option to "assess for the use or the presence of illegal drugs." Additional recommendations random drug testing, not at office visits. There are results from two urine drug screens discussed in the record. Both of these screens produced results inconsistent with the prescribed medications. The provider superficially discusses the discrepancy, but there are no consequences and no change in prescribing practice. In addition, the request for a UA drug screen does not specify what specifically is being tested. The specific content of the test should be listed, as many drug tests do not assay the correct drugs. The urine drug screen is not medically necessary based on lack of a clear collection and testing protocol, lack of details regarding the testing content and protocol, and lack of a current opioid therapy program which is in accordance with the MTUS. The request for a urine drug screen is not medically necessary.