

Case Number:	CM15-0015947		
Date Assigned:	02/03/2015	Date of Injury:	01/24/1991
Decision Date:	03/31/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/27/2015

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: Anesthesiology

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 56 year old female, who sustained an industrial injury on 01/24/1991. She has reported low back pain and pain in the bilateral knees. The diagnoses have included lumbago. Treatment to date has included medications, aquatic therapy, physical therapy, sacroiliac joint injections, and surgical interventions. Medications have included Norco, Soma, Ibuprofen, Colace, Oxycontin, Neurontin, and Zanaflex. Currently, the injured worker complains of pain in her back and low back which radiates to her legs; stiffness and weakness in the right and left leg with sharp pain; and benefit of the prescribed medications. A treating physician's progress note, dated 01/05/2015, reported objective findings to include pain to palpation of the lumbosacral spine with spasm; pain to palpation across the bilateral knees and paraspinous muscles of the lumbar spine; and ambulation with a cane. The plan of treatment includes requests for SI (sacroiliac) joint injection and medications including Norco, Oxycontin, Neurontin, and Zanaflex. On 01/20/2015 Utilization Review noncertified a prescription for SI (sacroiliac) joint injection; modified a prescription of Norco 10/325 mg 1 po q 4-6 h prn #180, to Norco 10/325 mg 1 po q 4-6 h prn #90; modified a prescription of Oxycontin 20 mg 1 po q 6 h #120, to Oxycontin 20 mg 1 po q 6 h #90; modified a prescription of Neurontin 600 mg 2 po q 8 h #180 refills x 3, to Neurontin 600 mg 2 po q 8 h #180 refills x 1; and noncertified a prescription of Zanaflex 4 mg 1 po bid #60 refills x 3. The CA MTUS and the ODG were cited. On 01/27/2015, the injured worker submitted an application for IMR for review of SI (sacroiliac) joint injection; Norco 10/325 mg 1 po q 4-6 h prn #180; Oxycontin 20 mg 1 po q 6 h #120; Neurontin 600 mg 2 po q 8 h #180 refills x 3; and Zanaflex 4 mg 1 po bid #60 refills x 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

SI (sacroiliac) joint injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), hip/pelvis

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation SI joint injections

Decision rationale: Sacroiliac joint injections (SJI) are recommended as an option if the patient has failed at least 4-6 weeks of aggressive conservative therapy. In this case, physical exam demonstrated right SIJ tenderness. There was no clear documentation of failure of 4-6 weeks of aggressive conservative therapy and no documentation indicating relief from previous injections. Medical necessity of the requested SIJ injection has not been established. The requested injection is not medically necessary.

Norco 10/325mg 1 po q4-6h prn #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-88, 81, 79-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-97.

Decision rationale: According to ODG, chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added. According to ODG and MTUS, Norco is a short-acting opioid analgesic, and is in a class of drugs that has a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. In addition, guidelines necessitate documentation that the prescriptions are from a single practitioner and taken as directed. This was not documented in the records. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The certification of the requested medication is not recommended.

Oxycontin 20mf 1 poq6h #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Opioids for the treatment of Chronic Pain Page(s): 91-97.

Decision rationale: According to ODG, chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added. According to ODG and MTUS, Oxycontin is a long-acting opioid analgesic, and is in a class of drugs that has a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics that may be used to manage both acute and chronic pain. These medications are generally classified according to potency and duration of dosage. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The certification of the requested medication, Oxycontin, is not recommended.

Neurontin 600mg 2 po q8h #180 refills x3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 51-52, 20-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS (2009) Page(s): 17-19, 49. Decision based on Non-MTUS Citation Gabapentin

Decision rationale: According to the California MTUS Guidelines (2009) and ODG, Neurontin (Gabapentin) is an anti-epilepsy drug, which has been considered a first-line treatment for neuropathic pain. In this case, there is no documentation that the patient has neuropathic pain or evidence of functional improvement with this medication. Medical necessity for Neurontin has not been established. The requested medication is not medically necessary.

Zanaflex 4mg 1 po bid #60 refills x3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS (2009), Muscle Relaxants Page(s): 63, 66.

Decision rationale: Zanaflex (Tizanidine) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. It is indicated for the treatment of chronic myofascial pain and considered an adjunct treatment for fibromyalgia. According to CA MTUS Guidelines (2009), muscle relaxants have not been considered any more effective than non-steroidal antiinflammatory drugs (NSAIDs) for pain or overall improvement. There is also no additional benefit shown in combination with NSAIDs. In addition, sedation is the most commonly reported adverse effect of muscle relaxant medications. Regarding this case, the patient complains of pain, however, there is no documentation to support the efficacy of the medication. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.