

Case Number:	CM15-0110580		
Date Assigned:	06/17/2015	Date of Injury:	04/15/2008
Decision Date:	09/15/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/08/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 54 year old male, who sustained an industrial injury on 4/15/08. He has reported initial complaints of lumbar spine injury, right shoulder and right knee injuries. The diagnoses have included cervical radiculitis, lumbar facet arthropathy, lumbar radiculitis, and right shoulder pain. Treatment to date has included medications, activity modifications, diagnostics, surgery, lumbar epidural steroid injection (ESI), physical therapy, bracing and other modalities. Currently, as per the physician progress note dated 4/27/15, the injured worker complains of neck pain radiating to the bilateral shoulders accompanied by tingling in the bilateral upper extremities to the elbows, fingers and hands. The neck pain is associated with occipital headaches and he reports difficulty sleeping. He reports low back pain that radiates to the bilateral feet associated with numbness and tingling in the bilateral lower extremities with muscle weakness in the right lower extremity (RLE). There is constipation, bowel and bladder dysfunction, and frequent muscle spasms in the low back. There is pain in the right shoulder. The pain is rated 3-4/10 on pain scale on average with medications, 8-9/10 on average without medications and the pain is unchanged as reported by the injured worker from the last visit. He reports that none of the medications help and the pain is recently worsened and he also reports gastrointestinal upset and moderate constipation. The physical exam reveals cervical spine tenderness and decreased range of motion due to pain. There is lumbar spine spasm, tenderness to palpation, decreased lumbar range of motion due to pain, facet signs were present bilaterally, there was decreased sensitivity to touch in the right lower extremity (RLE), there was decreased strength in the right lower extremity (RLE), and straight leg raise in seated position was

positive bilaterally at 30 degrees. There was tenderness noted to palpation of the right shoulder, and decreased range of motion due to pain. There was tenderness to palpation of the right knee, decreased range of motion due to pain and a right kneed brace in place. The current medications included Gabapentin, Senokot, Tizanidine, Norco, Tramadol, Docusate, Glucosamine, Lorazepam, Pantoprazole and Zolpidem. The urine drug screen dated 4/27/15 was inconsistent with the medications prescribed. The physician requested treatments included Gabapentin 300 mg quantity of 90 with 1 refill, Norco 10/325 mg quantity of 120 with 1 refill, Senokot-S 8.6/50 mg quantity of 60 with 1 refill, Tizanidine 4 mg quantity of 90 with 1 refill and Urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300 mg Qty 90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

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

Decision rationale: This 54 year old male has complained of low back pain, right shoulder pain and right knee pain since date of injury 4/15/2008. He has been treated with surgery, epidural steroid injections, physical therapy and medications to include Gabapentin since at least 10/2014. The current request is for Gabapentin. Per the MTUS guideline cited above, Gabapentin is a first line agent used for the treatment of neuropathic pain, effective for the treatment of post herpetic neuralgia and diabetic neuropathy. There is no documentation in the available medical records which supports the presence of any of these diagnoses. On the basis of the MTUS guidelines cited above and the available medical documentation, Gabapentin is not medically necessary

Norco 10/325 mg Qty 120 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 54 year old male has complained of low back pain, right shoulder pain and right knee pain since date of injury 4/15/2008. He has been treated with surgery, epidural steroid injections, physical therapy and medications to include opioids since at least 10/2014. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation

of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco 10/325 is not medically necessary.

Senokot-S 8.6/50 mg Qty 60 with 1 refill: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/senokot.

Decision rationale: This 54 year old male has complained of low back pain, right shoulder pain and right knee pain since date of injury 4/15/2008. He has been treated with surgery, epidural steroid injections, physical therapy and medications to include Senokot since at least 10/2014. There is no documentation in the available medical records that constipation has been a significant problem for this patient necessitating the use of Senokot. On the basis of this lack of documentation, Senokot is not medically necessary.

Tizanidine 4 mg Qty 90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41.

Decision rationale: This 54 year old male has complained of low back pain, right shoulder pain and right knee pain since date of injury 4/15/2008. He has been treated with surgery, epidural steroid injections, physical therapy and medications to include Tizanidine since at least 10/2014. The current request is for Tizanidine. Per the MTUS guidelines cited above, muscle relaxant agents (Tizanidine) are not recommended for chronic use and should not be used for a greater than 2-3 week duration. Additionally, they should not be used with other agents. On the basis of these MTUS guidelines, Tizanidine is not medically necessary

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; steps to avoid misuse Page(s): 89, 94.

Decision rationale: This 54 year old male has complained of low back pain, right shoulder pain and right knee pain since date of injury 4/15/2008. He has been treated with surgery, epidural steroid injections, physical therapy and medications. The current request is for a urine drug screen. No treating physician reports adequately address the specific indications for urinalysis

toxicology screening. There is no documentation in the available provider medical records supporting the request for this test. Per the MTUS guidelines cited above, urine toxicology screens may be required to determine misuse of medication, in particular opioids. There is no discussion in the available medical records regarding concern for misuse of medications. On the basis of the above cited MTUS guidelines and the available medical records, urine drug screen is not medically necessary.