

Case Number:	CM15-0119085		
Date Assigned:	06/29/2015	Date of Injury:	02/08/1995
Decision Date:	08/26/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/19/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 (IW) is a 55 year old male who sustained an industrial injury on 02/08/1995. The IW reported being struck by a door while working as a janitor. The injured worker was diagnosed as status post anterior lumbar interbody fusion at L6-S1 and multiple laminectomy and discectomies, right hand carpal tunnel syndrome, and cervical-brachial syndrome. Treatment to date has included multiple back surgeries, medications and physical therapy. The worker states the physical therapy aggravated his low back symptomatology. Currently, the injured worker complains of ongoing significant back pain with radiation to the lower extremities. He complains of right shoulder pain rated 2/10, right hand pain rated 2/10, pain in the feet rated 2/10, and headache rated 1/10. Medications include Tramadol, Gabapentin, Norco, Dexilant, Bupropion-buspirone, Tizanide, and APAP-Butalbital-caffeine. The worker relates that these medications are helping. On exam, range of motion in the back is 20 degrees of flexion, 15 degrees extension, and right and left tilt are each 15 degrees. There are intact reflexes for knee and ankle jerks. There are no gross motor weaknesses in the lower extremities although testing causes mild pain. Hip and knee range of motion are symmetrical. The plan of treatment includes acupuncture, and medications. A request for authorization is made for: 1. 60 tablets of Colace 100mg, 2. 120 tablets of Gabapentin 300ng, 3. 60 tables of Zanaflex 4mg, and 4. 30 tables Xanax 1mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Colace 100mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Opioids-induced constipation treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Constipation Page(s): 77.

Decision rationale: Based on the 05/15/15 progress report provided by treating physician, the patient presents with low back pain that radiates to the lower extremities, and pain to right shoulder, right hand, feet, and headaches. The patient is status post 4 lumbar surgeries, unspecified dates. The request is for 60 TABLETS OF COLACE 100MG. RFA with the request not provided. Patient's diagnosis on 05/15/15 included status post anterior lumbar interbody fusion at L5-S1 and multiple laminectomy and discectomies, right hand carpal tunnel syndrome, and cervical brachial syndrome. The patient ambulates with a cane. Physical examination to the lumbar spine on 05/15/15 revealed tenderness to palpation to the paraspinal muscles. Range of motion was decreased, especially on extension 15 degrees. Treatment to date has included surgeries, physical therapy, home exercise program and medications. Patient's medications include Gabapentin, Zanaflex, Xanax, Colace, Norco, Tramadol, Dexilant, Bupropion, Tizanidine and APAP. The patient remains permanent and stationary per AME, and is not working, per 05/15/15 report. Treatment reports were provided from 01/12/15-05/15/15. Regarding constipation, MTUS Chronic Pain Medical Treatment Guidelines, page 77, states that prophylactic treatment of constipation should be initiated with therapeutic trial of opioids. It also states "Opioid induced constipation is a common adverse side effect of long-term opioid use." Colace has been included in patient's medications, per 05/15/15 report and is prescribed for constipation. It is not known when this medication was initiated. Per 04/07/15 internal medicine report, the patient complains of constipation. MTUS recognizes constipation as a common side effect of chronic opiate use. The patient is prescribed opiates for chronic pain. This request appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.

120 tablets of Gabapentin 300mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18, 19.

Decision rationale: Based on the 05/15/15 progress report provided by treating physician, the patient presents with low back pain that radiates to the lower extremities, and pain to right shoulder, right hand, feet, and headaches. The patient is status post 4 lumbar surgeries, unspecified dates. The request is for 120 TABLETS OF GABAPENTIN 300MG. RFA with the

request not provided. Patient's diagnosis on 05/15/15 included status post anterior lumbar interbody fusion at L5-S1 and multiple laminectomy and discectomies, right hand carpal tunnel syndrome, and cervical brachial syndrome. The patient ambulates with a cane. Physical examination to the lumbar spine on 05/15/15 revealed tenderness to palpation to the paraspinal muscles. Range of motion was decreased, especially on extension 15 degrees. Treatment to date has included surgeries, physical therapy, home exercise program and medications. Patient's medications include Gabapentin, Zanaflex, Xanax, Colace, Norco, Tramadol, Dexilant, Bupropion, Tizanidine and APAP. The patient remains permanent and stationary per AME, and is not working, per 05/15/15 report. Treatment reports were provided from 01/12/15-05/15/15. MTUS has the following regarding Gabapentin on pg 18, 19: "Gabapentin (Neurontin, Gabarone, generic available) 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." Gabapentin (Neurontin) has been included in patient's medications, per progress reports dated 01/27/15, 03/10/15, and 05/15/15. It is not known when this medication was initiated. Per 05/15/15 report, treater prescribes Gabapentin for neuropathic pain and states that medications are helping. The patient continues with pain and neuropathic symptoms, and treater has documented benefit from medication. The request appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.

60 tables of Zanaflex 4mg: Overturned

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 for pain Page(s): 66.

Decision rationale: Based on the 05/15/15 progress report provided by treating physician, the patient presents with low back pain that radiates to the lower extremities, and pain to right shoulder, right hand, feet, and headaches. The patient is status post 4 lumbar surgeries, unspecified dates. The request is for 60 TABLETS OF ZANAFLEX 4MG. RFA with the request not provided. Patient's diagnosis on 05/15/15 included status post anterior lumbar interbody fusion at L5-S1 and multiple laminectomy and discectomies, right hand carpal tunnel syndrome, and cervical brachial syndrome. The patient ambulates with a cane. Physical examination to the lumbar spine on 05/15/15 revealed tenderness to palpation to the paraspinal muscles. Range of motion was decreased, especially on extension 15 degrees. Treatment to date has included surgeries, physical therapy, home exercise program and medications. Patient's medications include Gabapentin, Zanaflex, Xanax, Colace, Norco, Tramadol, Dexilant, Bupropion, Tizanidine and APAP. The patient remains permanent and stationary per AME, and is not working, per 05/15/15 report. Treatment reports were provided from 01/12/15 - 05/15/15. MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain, pg 66: "ANTISPASTICITY/ANTISPASMODIC DRUGS: Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain." MTUS p60 also states, "A

record of pain and function with the medication should be recorded," when medications are used for chronic pain. Zanaflex (Tizanidine) has been included in patient's medications, per progress reports dated 01/12/15, 03/10/15, and 05/15/15. It is not known when this medication was initiated. Per 05/15/15 report, treater prescribes Zanaflex for spasm and states that medications are helping. Tizanidine is allowed for myofascial pain, low back pain and fibromyalgia conditions per MTUS. The patient continues with chronic pain and treater has documented benefit from the medication. The request appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.

30 tables Xanax 1mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, under Xanax (Alprazolam).

Decision rationale: Based on the 05/15/15 progress report provided by treating physician, the patient presents with low back pain that radiates to the lower extremities, and pain to right shoulder, right hand, feet, and headaches. The patient is status post 4 lumbar surgeries, unspecified dates. The request is for 30 TABLETS XANAX 1MG. RFA with the request not provided. Patient's diagnosis on 05/15/15 included status post anterior lumbar interbody fusion at L5-S1 and multiple laminectomy and discectomies, right hand carpal tunnel syndrome, and cervical brachial syndrome. The patient ambulates with a cane. Physical examination to the lumbar spine on 05/15/15 revealed tenderness to palpation to the paraspinal muscles. Range of motion was decreased, especially on extension 15 degrees. Treatment to date has included surgeries, physical therapy, home exercise program and medications. Patient's medications include Gabapentin, Zanaflex, Xanax, Colace, Norco, Tramadol, Dexilant, Bupropion, Tizanidine and APAP. The patient remains permanent and stationary per AME, and is not working, per 05/15/15 report. Treatment reports were provided from 01/12/15-05/15/15. The MTUS Guidelines page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." ODG-TWC, Pain (Chronic) Chapter, under Xanax (Alprazolam) states: "Not recommended for long-term use. See Alprazolam; & Benzodiazepines. Alprazolam, also known under the trade name Xanax and available generically, is a short-acting drug of the benzodiazepine class used to treat moderate to severe anxiety disorders, panic attacks, and as an adjunctive treatment for anxiety associated with major depression." Xanax (Alprazolam) has been included in patient's medications, per progress reports dated 01/12/15, 03/10/15, and 05/15/15. It is not known when this medication was initiated. Per 05/15/15 report, treater prescribes Xanax for anxiety and states that medications are helping. However, guidelines do not recommend long-term use of benzodiazepines due to risk of dependence. The patient has been prescribed this medication at least since 01/12/15, which is 5 months to UR date of 06/16/15. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.