

Case Number:	CM15-0127610		
Date Assigned:	07/14/2015	Date of Injury:	02/25/2015
Decision Date:	09/09/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/01/2015

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 39 year old male, who sustained an industrial injury on 02/25/2015. He reported pain to the low back. Treatment to date has included physical therapy, chiropractic care and medications. Documentation shows prescribed medications have included Tylenol, Mobic, Orphenadrine, Ibuprofen, Cyclobenzaprine and Norco. According to a progress report dated 04/15/2015, the injured worker complained of low back pain that was described as dull and burning. Pain was rated 6 on a scale of 1-10 in severity. The provider noted that the injured worker was initially treated with non-steroidal anti-inflammatory drugs, Norco and Flexeril but was not improving. The treatment plan included Mobic, Tylenol ES and Orphenadrine. On 05/07/2015, MRI of the lumbar spine showed small disc protrusion and disc desiccation at L4-L5 and L5-S1 and mild multilevel facet arthropathy. According to a progress report dated 05/14/2015, the injured worker's condition had worsened. He was working on the same work restrictions. He was still having the same back pain that was worse at the end of the shift. He had pain in the upper thoracic back and sacral area that was worse towards the limits of motion on bending and twisting. Pain was described as sharp and dull and was moderately severe. He also reported lower neck and upper back pain that was mild and intermittent. Diagnoses included sprain lumbosacral. Work status included modified duties with work restrictions. Current medications included Tylenol ES. The provider felt that it was to the injured worker's benefit to keep working. The treatment plan included continuation of chiropractic care. According to an initial comprehensive evaluation dated 05/28/2015, the injured worker reported that he could no longer work. When he tried to work, the constant motion of the forklift caused profound pain.

Pain level would increase from 2-3 to 8-9 after working. He reported profound pain in his lower back with radiation into his legs, mostly his left. It was burning and shooting in nature. He had numbness all the way to his left toes. Physical examination showed no trapezius muscle spasm. There was decreased pain and touch sensation in the left L3 nerve distribution. He had a slightly antalgic limp on his left leg. Leg lift was positive on the left to 30 degrees with pain in his low back going down his left leg and positive on the right at 45 degrees with pain in his low back going down his left leg. Medications included Ibuprofen. The provider then noted that the injured worker had been on a heavy dose of narcotics up to eight tablets a day and did not think that was appropriate. He stated that he would not provide Hydrocodone or Oxycodone. He recommended Gabapentin, Naproxen, Omeprazole, Tizanidine and Tramadol. The provider noted that the injured worker was in the morbid obesity range and land physical therapy was probably very difficult for him. Aqua therapy was recommended. The injured worker was placed on temporary total disability. Urine toxicology was obtained. The report was submitted for review was noted to be consistent with prescribed medications. No medications were detected. Currently under review is the request for Gabapentin 300 mg #60, Omeprazole 20 mg #60, Tizanidine 4 mg #60 and Tramadol 50 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) - Anti-epilepsy drugs (AEDs) for pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AED), Gabapentin (Neurontin) Page(s): 16-17, 49.

Decision rationale: The CA MTUS recommends anti-epilepsy drugs for neuropathic pain. There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials for the use of this class of medications for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: a switch to a different first-line agent (tricyclic antidepressant, serotonin norepinephrine reuptake inhibitor or antiepileptic drug are considered first line treatment) or combination therapy if treatment with a single drug agent fails. After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of antiepileptic drugs depends on improved outcomes versus tolerability of adverse effects. Guidelines state that Gabapentin is an anti-epilepsy drug (AEDs- also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. In this case, there were

subjective complaints and objective signs of neuropathic pain. Gabapentin is considered first-line treatment for neuropathic pain. Medical necessity for the requested treatment is established. The requested treatment is medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPIs Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors.

Decision rationale: According to CA MTUS (2009), proton pump inhibitors, such as Omeprazole (Prilosec), are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. There is no documentation indicating the patient has any GI symptoms or GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. There is no documentation of any reported GI complaints. Based on the available information provided for review, the medical necessity for Prilosec has not been established. The requested medication is not medically necessary.

Tizanidine 4mg #60: 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), Pain (Chronic) - Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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, muscle relaxants have not been considered any more effective than non-steroidal anti-inflammatory drugs (NSAIDs) for pain or overall improvement. There is no additional benefit shown in combination with NSAIDs. In addition, sedation is the most commonly reported adverse effect of muscle relaxant medications. In this case, the patient has no reported muscle spasms on physical exam and the guideline criteria do not support the long-term use of muscle relaxants. In addition, there is no documentation of a maintained increase in function or decrease in pain with this medication. Medical necessity for the requested medication has not been established. The requested Zanaflex is not medically necessary.

Tramadol 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) - Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 93-96.

Decision rationale: According to the California MTUS, Tramadol (Ultram) is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. Per CA MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. According to the medical records, there has been no documentation of the medication's analgesic effectiveness and no clear documentation that the patient has responded to ongoing opioid therapy. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic requires a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.