

Case Number:	CM15-0129330		
Date Assigned:	07/20/2015	Date of Injury:	06/17/2009
Decision Date:	09/24/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	07/05/2015

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: Florida
 Certification(s)/Specialty: Neurology, Pain Management

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 37 year old male who sustained an industrial injury on 06/17/2009 in the capacity of a physical therapist while lifting a client from the floor. The injured worker was diagnosed with herniated lumbar discs. The injured worker is status post right L4-L5 microdiscectomy in August 2010 and revision of L4-L5 discectomy and foraminotomy with artificial disc replacement in September 2012. Treatment to date has included diagnostic testing, surgery, lumbar epidural steroid injections, physical therapy and medications. According to the primary treating physician's progress report on May 21, 2015, the injured worker continues to experience low back pain with radiation to the right lower extremity associated with weakness, numbness and tingling. The injured worker also reports memory loss. Examination demonstrated limited range of motion of the lumbar spine with pain and atrophy of the right lower extremity. Current medications are listed as Norco 10/325mg, Gabapentin, Topamax, Tizanidine and Celebrex. Treatment plan consists of neurologist consultation for memory loss, change Gabapentin to Topamax and drink plenty of water with Topamax, laboratory blood work and the current request for Norco 10/325mg, Gabapentin, Topamax, Tizanidine and Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600 mg Qty 60 with 2 refills, 1 by mouth 2 times daily as needed for neuropathic pain: Overturned

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 antiepileptic drugs Page(s): 16.

Decision rationale: The medical records report pain with neuropathic qualities in the setting of radiculopathy. MTUS guidelines support the use of Gabapentin for nerve related pain. As such the medical records support the use of Gabapentin for the treatment of the insured's nerve related pain. Therefore, this request is medically necessary.

Topamax 100 mg Qty 60 with 2 refills, 1 tab by mouth as needed: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antiepileptic drugs Page(s): 16.

Decision rationale: The medical records report pain with neuropathic qualities in the setting of radiculopathy. MTUS guidelines support the use of Topamax for nerve related pain. As such the medical records support the use of Topamax for the treatment of the insured's nerve related pain. Therefore, this request is medically necessary.

Norco 10/325 mg Qty 60, 1 tab by mouth every 4-6 hrs as needed for pain: 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 Official Disability Guidelines (ODG) pain, opioids.

Decision rationale: ODG guidelines support opioids with ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors The medical records report chronic pain but does not

document ongoing opioid risk mitigation tool use in support of chronic therapy congruent with ODG guidelines. As such this request is not medically necessary.

Tizanidine 4 mg Qty 60 with 2 refills, 1 tab by mouth 2 times daily as needed: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antispasticity therapy Page(s): 63.

Decision rationale: The medical records provided for review do not support that there is muscle spasm for which Tizanidine is supported to treat. MTUS supports that it is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Tizanidine has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain (trigeminal neuralgia, non-FDA approved). (ICSI, 2007) As such the medical records do not support the use of Tizanidine congruent with MTUS therefore, this request is not medically necessary.

Celebrex 100 mg Qty 60 with 2 refills, 1 tab by mouth 2 times daily as needed for pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non steroidal anti inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 68.

Decision rationale: The medical records provided for review support a condition of musculoskeletal pain but does not document specific functional gain in regard to benefit from therapy including the NSAID. MTUS supports the use of an NSAID for pain (mild to moderate) in relation to musculoskeletal type but there is no evidence of long term effectiveness for pain. As such the medical records provided for review do not support the use of Celebrex for the insured as there is no indication of objective benefit in function. Therefore, this request is not medically necessary.