

Case Number:	CM15-0179756		
Date Assigned:	09/21/2015	Date of Injury:	01/27/1990
Decision Date:	11/18/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/13/2015

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: Oregon

Certification(s)/Specialty: Plastic Surgery, Hand Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 63-year-old male worker who was injured on 1-27-1990. The medical records indicated the injured worker (IW) was treated for lumbar radiculopathy; low back pain; current right knee medial meniscus tear; right knee joint pain; and left ankle joint pain. The IW was placed on permanent modified work duty and was not working. In the progress notes (4-27-15 to 7-20-15), symptoms were improved from pain rated 8 out of 10 down to 6 out of 10 in the back, knee, neck and ankles. His dyspepsia and gastritis symptoms were worse, however, since his Omeprazole was gone. He replaced his morning dose of Nabumetone with two aspirin, but continued taking Nabumetone at night; the aspirin made him feel better. Other medications included gabapentin (since about 6-8-15) before bed, Tizanidine as needed for spasms, Tylenol (two) every night and Ativan 0.5 to 1 for sleep. Flector 1.3% 12-hour patch, Tizanidine, Ativan and Omeprazole DR were prescribed since at least 1-26-15. Objective findings (4-27-15 to 7-20-15) were limited range of motion (ROM) of the neck, tenderness in the neck muscles, bilaterally, and normal strength and tone of the bilateral upper extremities. There was also tenderness in the low back with limited ROM. Tenderness was present in the right lateral gastrocnemius and soleus with full ROM of the right knee. ROM was full in the left ankle and there was tenderness over the left Achilles tendon. Muscle tone and strength and deep tendon reflexes were normal in the lower extremities bilaterally. Treatments included home exercise and physical therapy. Numerous MRIs were reported by the treating provider for review. A Request for Authorization was received for Gabapentin 100mg, #100 with 3 refills; Flector 1.3% 12-hour patch #30 with 5 refills; Tizanidine HCl 4mg #90 with 3 refills; Ativan (Lorazepam) 1mg #45 with 5 refills; and

Omeprazole DR 20mg #90 with 5 refills. The Utilization Review on 8-19-15 non-certified the request for Gabapentin 100mg, #100 with 3 refills; Flector 1.3% 12-hour patch #30 with 5 refills; Tizanidine HCl 4mg #90 with 3 refills; Ativan (Lorazepam) 1mg #45 with 5 refills; and Omeprazole DR 20mg #90 with 5 refills because the CA MTUS Chronic Pain Medical Treatment Guidelines were not met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 100mg #100 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: Per MTUS page 18: Gabapentin (Neurontin, Gabarone TM, 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. For lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit found in a pilot study. (Yaksi, 2007) The records document a concern regarding neuropathic pain from nerve root compression. Gabapentin is supported by MTUS as a treatment for neuropathic pain. The guidelines support gabapentin as a treatment for ongoing neuropathic pain for this patient. The request is medically necessary.

Flector patch 1.3% (12 hour patch), #30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Flector patch.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Per MTUS: Per MTUS page 111, Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. MTUS does not support topical diclofenac for this patient as a topical (patch) medication. MTUS does not support topical NSAIDs. Oral NSAIDs are supported by MTUS as an alternative. This request is not medically necessary.

Tizanidine 4mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Per MTUS page 63, Muscle relaxants: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." The physician has recommended a large number of pills with three refills. The MTUS guidelines support short term treatment only. The request exceeds the guideline of short term treatment. The request is not medically necessary.

Lorazepam 1mg #45 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: Per MTUS, Chronic Pain, Benzodiazepines, page 24: Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005) MTUS does not recommend long term use of benzodiazepine medications. The surgeon has requested five refills. This is in excess of the guidelines for short term treatment. The request is not medically necessary.

Omeprazole 20mg #90 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: MTUS regarding the use of proton pump inhibitors (PPI) such as protonix, for prophylaxis use indicates that the following risk factors should be present, "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." Documentation provided does not suggest that the patient has any of the noted risk factors noted above and the omeprazole is recommended non-certified. The patient does not have a history of anti-coagulation, previous reaction to NSAIDS or peptic ulcer disease. The guidelines do not support routine use of PPIs for patients taking NSAIDS. The request is not medically necessary.