

Case Number:	CM15-0079563		
Date Assigned:	04/30/2015	Date of Injury:	08/07/1998
Decision Date:	06/04/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/25/2015

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: Pennsylvania
 Certification(s)/Specialty: Internal Medicine

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 52 year old woman sustained an industrial injury on 8/7/1998. The mechanism of injury is not detailed. Diagnoses include cervical radiculopathy and lumbar radiculitis. Treatment has included oral and topical medications, chiropractic treatment, epidural steroid injection, home exercise program, yoga, and meditation. Amitriptyline, omeprazole, and Lidoderm were prescribed since March 2014. Tizanidine was prescribed since September 2014 and prior to that time, robaxin was prescribed. Documentation indicates prior treatment with diazepam and hydrocodone/acetaminophen from March 2014 to October 2014. Work status was not specified. A pain psychological assessment from 5/7/14 was submitted. Physician notes dated 3/26/2015 show complaints of back, leg, shoulder, and knee pain with headaches rated 5/10. Amitriptyline was noted to provide greater than 30% relief of neuropathic pain, enabling the injured worker to do her studies as she is a student. The treating physician documented that there were no markers for gastritis secondary to medications. Lidoderm and was noted to provide some pain relief, tizanidine was noted to provide improvement in muscle spasm, and the combination of medications were noted to allow the injured worker to perform activities of daily living including walking, hygiene, and college studies. Examination showed cervical paraspinous tenderness and trigger points, positive straight leg raise on the left, decreased strength in the left upper extremity, and decreased sensation in the L5 distribution. Recommendations include Amitriptyline, Tizanidine, begin acupuncture, Medrol dose pack, refill Lidoderm, continue exercises, yoga, meditation, and Omeprazole. On 4/3/15, Utilization Review (UR) non-certified

or modified the requests for medications currently under Independent Medical Review, citing the MTUS and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline 25mg #90, 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13-16, Postsurgical Treatment Guidelines.

Decision rationale: The MTUS states that antidepressants are recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. The UR determination stated that there was no documentation of functional gains associated with medication use. The documentation submitted indicates that the injured worker has been prescribed amitriptyline for approximately one year, with 30% relief of neuropathic pain and enabling the injured worker to do her studies, as she is a college student. Medications were noted to allow the injured worker to perform specific activities of daily living. Progress notes document prior use of benzodiazepine and opioid medication, which are not currently in use. A psychological assessment was submitted. The improvement in activities of daily living, including the improvement in the injured worker's ability to perform her studies, as well as the apparent discontinuation of benzodiazepine and opioid medication support functional improvement as a result of this medication. As this medication is considered a first-line treatment, and as the documentation does support functional gains, the request for amitriptyline is medically necessary.

Lidoderm 5% adhesive patch 2 Transdermal patch every 12 hours, #60 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

Decision rationale: Topical lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy with tricyclic or serotonin/norepinephrine reuptake inhibitor antidepressants or an antiepileptic drug such as gabapentin or lyrica. Topical lidocaine in dermal patch form (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain, and further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The MTUS recommends against Lidoderm for low back pain or osteoarthritis. There was no documentation of post-herpetic

neuralgia for this injured worker. Lidoderm has been prescribed since March 2014. The injured worker has been prescribed a tricyclic antidepressant with documentation of benefit; there was no documentation of trial and failure of antiepileptic medication. There was no documentation of specific functional improvement related to use of lidoderm. Due to lack of documentation of failure of first line agents, and lack of documentation of functional improvement, the request for lidoderm is not medically necessary.

Omeprazole 20mg #30, 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Proton pump inhibitors (PPI's).

MAXIMUS guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: Per the MTUS, co-therapy with a non-steroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low dose aspirin). Long term proton pump inhibitor (PPI) use (> 1 year) has been shown to increase the risk of hip fracture. This injured worker has been prescribed omeprazole for at least one year. There was no documentation of current use of NSAIDS, and none of the risk factors described above were present for this injured worker. The treating physician documented that there were no markers for gastritis secondary to medications, and no GI symptoms or signs were noted. Due to lack of specific indication, as well as the potential for toxicity, the request for omeprazole is not medically necessary.

Trizanidine 2mg #90, 1 refill: Upheld

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 Page(s): 63-66.

Decision rationale: The MTUS for chronic pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. The injured worker has chronic pain with no evidence of prescribing for flare-ups. Tizanidine has been prescribed for 6 months, and muscle relaxants have been prescribed for at least one year. The quantity prescribed implies long-term use, not for a short period of use for acute pain. Some improvement in muscle spasm as a result of use of tizanidine was noted, and medications as a group were noted to result in improvement in activities of daily living, but no functional improvement as a result of use of tizanidine specifically was documented. Tizanidine (Zanaflex) is FDA approved for management of spasticity and unlabeled for use for low back pain. Side

effects include somnolence, dizziness, dry mouth, hypotension, weakness, and hepatotoxicity. Liver function tests should be monitored. It should be used with caution in renal impairment and avoided in hepatic impairment. There was no documentation of monitoring of liver function tests. Due to length of use in excess of the guidelines, and lack of monitoring for toxicity as recommended by the guidelines, the request for tizanidine is not medically necessary.

Medrol Pak 4mg #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter: corticosteroidspain chapter: corticosteroids.

Decision rationale: This injured worker has chronic back and neck pain. The ODG states that corticosteroids are recommended in limited circumstances for acute radicular pain, and not recommended for acute non-radicular pain (ie axial pain) or chronic pain. The ODG outlines specific criteria for use of corticosteroids for low back pain including clear-cut signs and symptoms of radiculopathy, discussion and documentation of risks of steroids/evidence of limited evidence of effect with such medication, and treatment for exacerbation or new injury only in the chronic phase of injury. The ODG states that oral corticosteroids are not recommended for chronic pain, except for polymyalgia rheumatic. There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, and given their serious adverse effects, they should be avoided. In this case, there was no documentation of reinjury or exacerbation of chronic pain to support the use of corticosteroids, and no detailed neurologic examination to support the presence of acute radiculopathy. Risk factors associated with use of steroids were not discussed by the treating physician. Due to lack of indication for chronic pain and potential for toxicity, the request for medrol is not medically necessary.