

Case Number:	CM15-0090295		
Date Assigned:	05/14/2015	Date of Injury:	05/21/2009
Decision Date:	06/22/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/11/2015

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 is a 73 year old female who sustained an industrial injury on 05/21/09. Initial complaints and diagnoses are not available. Treatments to date include medications, TENS cervical and lumbar epidural steroid injections, and wrist splints. Diagnostic studies include cervical and lumbar spine MRIs, a MRI of the left knee, and electrodiagnostic and nerve conduction studies of the bilateral upper extremities. Current complaints include neck, wrist, back, and knee pain. Current diagnoses include neck pain, arthropathy of cervical facet joint, cervical and lumbar degenerative disc disease, chronic pain syndrome, low back pain, myofascial pain, depression, carpal tunnel syndrome, sacroiliac pain, and knee pain. In a progress note dated 01/22/15 the treating provider reports the plan of care as medications including Tylenol #3, Tizanidine, and tramadol, as well as bilateral wrists splints and a cervical epidural steroid injection. The requested treatments include Tylenol #3, Neurontin, and Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol/Codeine 3 #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88-89, 76-78.

Decision rationale: The patient presents with neck, wrist, back and knee pain rated 8/10 without and 6/10 with medications. The request is for TYLENOL/CODEINE 3 #30. The request for authorization is not provided. MRI of the cervical spine, 06/29/09, shows loss of the normal cervical lordosis and straightening of the cervical spine, multilevel degenerative disc and spine changes. MRI of the lumbar spine, 01/15/12, shows facet arthropathy with inflammatory component at L5-S1. EMG/NCS of the upper extremities, 06/04/14, shows moderate bilateral CTS. Physical examination of the cervical spine reveals tenderness over the cervical paraspinals, traps, facet joints and left thenar eminence. Range of motion is reduced in all planes due to increased pain. She continues to use the TENS unit daily that helps reduce pain. She finds the medications helpful and well tolerated, she is able to get up and walk around the house with the help of her medications. She denies any significant side effects with the medications. There is no aberrant behavior. The patient has signed an opioid contract with our office. UDS, 11/71/14, was consistent with what is being prescribed. A CURES report shows patient is receiving medications from this office only. She is not interested for surgery for her CTS. She used to have wrist splints but is not sure what happened to them. She says she had a cervical epidural in the past that provided over 75% pain relief for over a year, and is interested in another injection. Patient's medications include Tizanidine, Gabapentin, Acetaminophen/Codeine and Amitriptyline. Per progress report dated 01/22/15, the patient is permanent and stationary. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per progress report dated 01/22/15, treater's reason for the request is "at bedtime as needed." The patient is prescribed Tylenol #3 since at least 01/22/15. MTUS requires appropriate discussion of the 4A's, and in addressing the 4A's, treater discusses how Tylenol #3 significantly improves patient's activities of daily living with specific examples of ADL's, she is able to get up and walk around the house. Analgesia is also discussed, specifically showing significant pain reduction from 8/10 to 6/10 with use of Tylenol #3. Furthermore, there is documentation and discussion regarding adverse effects and aberrant drug behavior. There are UDS, CURES and opioid pain contract. Therefore, the request IS medically necessary.

Neurontin 600mg, #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin, medication for chronic pain Page(s): 18-19, 60-61.

Decision rationale: The patient presents with neck, wrist, back and knee pain rated 8/10 without and 6/10 with medications. The request is for NEURONTIN 600MG, #30. The request for authorization is not provided. MRI of the cervical spine, 06/29/09, shows loss of the normal cervical lordosis and straightening of the cervical spine, multilevel degenerative disc and spine changes. MRI of the lumbar spine, 01/15/12, shows facet arthropathy with inflammatory component at L5-S1. EMG/NCS of the upper extremities, 06/04/14, shows moderate bilateral CTS. Physical examination of the cervical spine reveals tenderness over the cervical paraspinals, traps, facet joints and left thenar eminence. Range of motion is reduced in all planes due to increased pain. She continues to use the TENS unit daily that helps reduce pain. She finds the medications helpful and well tolerated, she is able to get up and walk around the house with the help of her medications. She denies any significant side effects with the medications. There is no aberrant behavior. The patient has signed an opioid contract with our office. UDS, 11/71/14, was consistent with what is being prescribed. A CURES report shows patient is receiving medications from this office only. She is not interested for surgery for her CTS. She used to have wrist splints but is not sure what happened to them. She says she had a cervical epidural in the past that provided over 75% pain relief for over a year, and is interested in another injection. Patient's medications include Tizanidine, Gabapentin, Acetaminophen/Codeine and Amitriptyline. Per progress report dated 01/22/15, the patient is permanent and stationary. 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 post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater does not specifically discuss this medication. The patient is prescribed Neurontin since at least 10/16/14. In this case, the treater has documented the patient reports a pain reduction from 8/10 to 6/10 with use of Neurontin. Additionally, per progress report dated, 01/22/15, treater also documents areas of functional improvements such as ability to get up and walk around the house. The treater adequately documents a record of pain and function as required by MTUS. Therefore, the request IS medically necessary.

Zanaflex 4mg, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, medication fro chronic pain Page(s): 63-66, 60-61.

Decision rationale: The patient presents with neck, wrist, back and knee pain rated 8/10 without and 6/10 with medications. The request is for ZANAFLEX 4MG, #60. The request for authorization is not provided. MRI of the cervical spine, 06/29/09, shows loss of the normal cervical lordosis and straightening of the cervical spine, multilevel degenerative disc and spine changes. MRI of the lumbar spine, 01/15/12, shows facet arthropathy with inflammatory component at L5-S1. EMG/NCS of the upper extremities, 06/04/14, shows moderate bilateral CTS. Physical examination of the cervical spine reveals tenderness over the cervical paraspinals, traps, facet joints and left thenar eminence. Range of motion is reduced in all planes due to

increased pain. She continues to use the TENS unit daily that helps reduce pain. She finds the medications helpful and well tolerated, she is able to get up and walk around the house with the help of her medications. She denies any significant side effects with the medications. There is no aberrant behavior. The patient has signed an opioid contract with our office. UDS, 11/71/14, was consistent with what is being prescribed. A CURES report shows patient is receiving medications from this office only. She is not interested for surgery for her CTS. She used to have wrist splints but is not sure what happened to them. She says she had a cervical epidural in the past that provided over 75% pain relief for over a year, and is interested in another injection. Patient's medications include Tizanidine, Gabapentin, Acetaminophen/Codeine and Amitriptyline. Per progress report dated 01/22/15, the patient is permanent and stationary. 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. Per progress report dated 01/22/15, treater's reason for the request is "for acute flare ups of muscle spasms." The patient is prescribed Zanaflex since at least 10/16/14. In this case, the treater has documented the patient reports a pain reduction from 8/10 to 6/10 with use of Neurontin. Additionally, per progress report dated, 01/22/15, treater also documents areas of functional improvements such as ability to get up and walk around the house. The treater adequately documents a record of pain and function as required by MTUS. Therefore, the request IS medically necessary.