

Case Number:	CM15-0092298		
Date Assigned:	05/18/2015	Date of Injury:	01/22/2013
Decision Date:	06/24/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/13/2015

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: 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:

The injured worker is a 62 year old female who sustained an industrial injury on 1/22/13. The mechanism of injury was a slip and fall, causing her to twist her knee and while grabbing on a railing. She had immediate pain in her right knee and low back with radiation down her right leg. She was medically evaluated and received an x-ray of her back and knee. Diagnoses include lumbar discogenic disease, severe right knee pain status post-surgical repair with right knee arthroscopic surgery 7/11/14, lumbar sprain/ strain injury, right S1 lumbosacral radiculopathy, right knee internal derangement, joint effusion right knee, irregular tear of the Hoffa's pad of the right knee, grade 1 degenerative joint disease of the right knee, small bone bruise in the femoral condyle region, and lumbosacral facet arthropathy. Treatments to date include 24 sessions of physical therapy, right knee surgery, medication, viscosupplementation to the right knee, and lumbar epidural steroid injections. Diagnostics include lumbar MRI (2/9/13) showing broad-based discogenic disease at L3-4, L4-5, and L5-S1 and facet degeneration, and electro-myography/nerve conduction study (3/16/15) showing right S1 lumbosacral radiculopathy. She had a right knee MRI on 2/9/13 showing damage to the bilateral menisci. She was initially treated with Tylenol. The treating physician noted that the injured worker cannot take anti-inflammatories because of ongoing stomach problems. Tramadol, amitriptyline, gabapentin, and tizanidine were prescribed in March of 2013. Reports in 2014 and 2015 note ongoing use of amitriptyline, gabapentin, and tizanidine. A Qualified Medical Examination on 3/16/15 notes current medications as Tramadol, Naprosyn and a medication for sleep. Currently at a visit on 3/17/15, the injured worker reported her back pain is improved but she continues with right

knee pain. On physical exam of the lumbar spine, there was significant spasm bilaterally in the latissimus dorsi and decreased range of motion. The right knee was swollen with decreased range of motion, pain on pressure on the medial and lateral meniscus, and grating and grinding sounds with motion on loading the knee. Medications were listed as gabapentin, naproxen, tizanidine, and amitriptyline. Work status was temporarily totally disabled. On 4/29/15, the treating provider requested Tramadol 100 mg #60, gabapentin 600 mg #60, amitriptyline 50 mg #30, and tizanidine 4 mg #60. On 5/5/15, Utilization Review (UR) non-certified requests for the items currently under Independent Medical Review, citing the MTUS and ACOEM.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 74-96.

Decision rationale: This injured worker has chronic back and knee pain. Tramadol was prescribed in March of 2013, and recent documentation notes continued use of tramadol. Tramadol is a centrally acting synthetic opioid analgesic, which is not recommended as a first line oral analgesic. Multiple side effects have been reported including increased risk of seizure especially in patients taking selective serotonin reuptake inhibitors (SSRIs), tricyclic anti-depressants (TCAs) and other opioids. This injured worker has been prescribed amitriptyline, a TCA. Tramadol may also produce life-threatening serotonin syndrome. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There was no documentation of functional goals or return to work; work status was noted as temporarily totally disabled. No opioid contract was discussed. There was brief mention of urine drug screening; no results were submitted. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. As currently prescribed, Tramadol does not

meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Gabapentin 600mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs / anti-convulsants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anticonvulsants Page(s): 16-22.

Decision rationale: Per the MTUS, antiepilepsy drugs (AEDs) are recommended for neuropathic pain due to nerve damage. Gabapentin has been shown to be effective for treatment of diabetic neuropathy and post-herpetic neuralgia and has been considered a first line treatment for neuropathic pain. The MTUS notes the lack of evidence for treatment of radiculopathy (the apparent reason for the prescription per the treating physician). A "good" response to the use of AEDs is defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. Lack of at least a 30% response per the MTUS would warrant a switch to a different first line agent or combination therapy. After initiation of treatment, there should be documentation of pain relief with improvement in function, and documentation of any side effects, with continued use of AEDs dependent on improved outcomes versus tolerability of adverse effects. In this case, there was no documentation of neuropathic pain. Gabapentin has been prescribed for two years without documentation of functional improvement or discussion of at least a moderate response in pain. Due to lack of specific indication and lack of functional improvement, the request for gabapentin is not medically necessary.

Amitriptyline 50mg #30: Upheld

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.

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. Effectiveness is limited for non-neuropathic pain, which is generally treated with anti-inflammatories and analgesics. Tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors unless adverse reactions are a problem. Caution is required because tricyclics have a low threshold for toxicity. 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. In this case, amitriptyline has been prescribed for two years for this injured worker with chronic back and knee pain. There was no documentation of functional improvement as a result of its use, no discussion of change in use of other medication, and no documentation of psychological assessment or change in sleep quality in duration. Due to lack of functional improvement and lack of sufficient assessment as recommended by the guidelines, the request for amitriptyline is not medically necessary.

Tizanidine 4mg #60: 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: This injured worker has chronic back and knee pain, with recent documentation of examination showing muscle spasm in the back. Tizanidine has been prescribed for two years. 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. The quantity prescribed implies long term use, not for a short period of use for acute pain. No reports show any specific and significant improvement in pain or function as a result of prescribing muscle relaxants. 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. In this case, there was no documentation of monitoring of liver function tests. Due to length of use in excess of the guideline recommendations, lack of functional improvement and potential for toxicity, the request for tizanidine is not medically necessary.