

Case Number:	CM15-0093601		
Date Assigned:	05/19/2015	Date of Injury:	06/06/2007
Decision Date:	07/08/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/14/2015

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 60 year old male, who sustained an industrial injury on 6/6/07. He reported initial complaints of lower back. The injured worker was diagnosed as having chronic pain syndrome; postlaminectomy syndrome - lumbar; neurogenic bladder; right foot neuropathy and foot drop; frequent muscle spasms per lumbar. Treatment to date has included status post unilateral right L4-5 decompression and L5-S1 laminectomy/posterior instrumentation/fusion (2009); Caudal steroid injection (6/16/2011); chiropractic therapy; physical therapy; AFO brace; medications. Diagnostics included CT scan lumbar spine (10/9/07); X-rays lumbar spine (10/31/07). Currently, the PR-2 notes dated 4/13/15 indicated the injured worker complains of bilateral lower back pain which is currently at a pain level of 8/10 and also reports pain that goes across the right groin area with pain and numbness at the right outer thigh. He is wearing a right AFO brace for his right foot drop problem. He wears a back brace. The injured worker reports medications help the pain by 70%. He is also going to start Chantix to help him stop smoking. His sleep pattern is functionally worse. He has had a caudal steroid injection (6/16/2011) which helped reduce his pain by 80% for one month but did not help his right leg symptoms. A CT scan of the lumbar spine revealed bilateral pars interarticularis defect of L5 causing grade I anterolisthesis of L5 on S1. An EMG of the lower extremities showed no evidence of lumbosacral radiculopathy. He has had chiropractic therapy; physical therapy and lumbar fusion surgery as past treatments. Vital signs on this date note the injured worker is hypertensive (160/95mm). A physical examination confirms the injured worker is suffering chronic back pain with chronic right foot drop and a degree of neurogenic bladder and uses

medications for pain management. He has signed an Opioid/narcotic agreement and routine urine drug screening notes compliancy. The provider is requesting: Norco 10/325mg #180; Baclofen 30mg #60; Tizanidine 4mg #90 and Trazodone 50mg #30. Utilization Review modified Norco from #180 refills to #90 and denied the remaining medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

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

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

Decision rationale: The patient presents with low back pain that radiates into the right leg. The request is for Norco 10/325 MG #180. Physical examination to the lumbar spine on 03/13/15 revealed tenderness to palpation over the paraspinals bilaterally. Straight leg raising test was positive for lower back pain and radicular pain radiating into right groin and down the right leg to the foot. Range of motion was decreased in all planes. Per 04/13/15 progress report, patient's diagnosis include chronic pain syndrome, postlaminectomy syndrome, lumbar region, disc displacement with radiculitis-lumbar, spasm of muscles in lumbar spine, adjustment disorder with mixed anxiety and depression mood, lumbosacral spondylosis without myelopathy, neurogenic bladder, obesity, unspecified, dietary surveillance and counseling, and personal history of tobacco use, presenting hazard to health. Patient's medications, per 04/13/14 progress report include Norco, Tizanidine, Lyrica, Baclofen, Trazodone, and Bupropion. Patient is retired. 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." Treater has not provided reason for the request. In this case, only one progress report was provided in which the treater if prescribing a refill for Norco. UR letter dated 04/29/15 has modified the request from #180 to # 90. In this case, the 4A's are not appropriately addressed, as required by MTUS. Treater has not stated how Norco decreases pain and significantly improves patient's activities of daily living. There are no discussions regarding adverse side effects, aberrant behavior, specific ADL's, etc. No UDS, CURES or opioid pain contract were provided either. Given the lack of documentation as required by MTUS, the request is not medically necessary.

Baclofen 30mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents with low back pain that radiates into the right leg. The request is for Baclofen 30 MG # 60. Physical examination to the lumbar spine on 03/13/15 revealed tenderness to palpation over the paraspinals bilaterally. Straight leg raising test was positive for lower back pain and radicular pain radiating into right groin and down the right leg to the foot. Range of motion was decreased in all planes. Per 04/13/15 progress report, patient's diagnosis include chronic pain syndrome, postlaminectomy syndrome, lumbar region, disc displacement with radiculitis-lumbar, spasm of muscles in lumbar spine, adjustment disorder with mixed anxiety and depression mood, lumbosacral spondylosis without myelopathy, neurogenic bladder, obesity, unspecified, dietary surveillance and counseling, and personal history of tobacco use, presenting hazard to health. Patient's medications, per 04/13/14 progress report include Norco, Tizanidine, Lyrica, Baclofen, Trazodone, and Bupropion. Patient is retired. Regarding muscle relaxants for pain, MTUS Guidelines page 63 states, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. 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. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen." Treater has not provided a reason for the request. In this case, only one progress report was provided in which the patient is instructed to continue taking Baclofen. MTUS Guidelines do not recommend use of muscle relaxants for longer than 2 to 3 weeks, and the requested 60 tablets does not imply short duration therapy. Therefore, the request is not medically necessary.

Tizanidine 4mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Medications for chronic pain Page(s): 63-66, 60.

Decision rationale: The patient presents with low back pain that radiates into the right leg. The request is for Tizanidine 4 mg # 90. Physical examination to the lumbar spine on 03/13/15 revealed tenderness to palpation over the paraspinals bilaterally. Straight leg raising test was positive for lower back pain and radicular pain radiating into right groin and down the right leg to the foot. Range of motion was decreased in all planes. Per 04/13/15 progress report, patient's diagnosis include chronic pain syndrome, postlaminectomy syndrome, lumbar region, disc displacement with radiculitis-lumbar, spasm of muscles in lumbar spine, adjustment disorder with mixed anxiety and depression mood, lumbosacral spondylosis without myelopathy, neurogenic bladder, obesity, unspecified, dietary surveillance and counseling, and personal history of tobacco use, presenting hazard to health. Patient's medications, per 04/13/14 progress

report include Norco, Tiazidine, Lyrica, Baclofen, Trazodone, and Bupropion. Patient is retired. 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." The treater does not discuss request. In this case, only one progress report was provided in which the patient is instructed to continue taking Tizanidine HCl. It is unclear how long the patient has been utilizing this medication. However, there is no discussion of its efficacy. MTUS page 60 require that medication efficacy in terms of pain reduction and functional gains must be discussed when using for chronic pain. Therefore, this request is not medically necessary.

Trazodone 50mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter, under Insomnia has the following regarding Amitriptyline.

Decision rationale: The patient presents with low back pain that radiates into the right leg. The request is for Trazodone 50 MG #30. Physical examination to the lumbar spine on 03/13/15 revealed tenderness to palpation over the paraspinals bilaterally. Straight leg raising test was positive for lower back pain and radicular pain radiating into right groin and down the right leg to the foot. Range of motion was decreased in all planes. Per 04/13/15 progress report, patient's diagnosis include chronic pain syndrome, postlaminectomy syndrome, lumbar region, disc displacement with radiculitis-lumbar, spasm of muscles in lumbar spine, adjustment disorder with mixed anxiety and depression mood, lumbosacral spondylosis without myelopathy, neurogenic bladder, obesity, unspecified, dietary surveillance and counseling, and personal history of tobacco use, presenting hazard to health. Patient's medications, per 04/13/14 progress report include Norco, Tizanidine, Lyrica, Baclofen, Trazodone, and Bupropion. Patient is retired. Regarding anti-depressants, MTUS Guidelines, page 13-15, Chronic Pain Medical Treatment Guidelines: Antidepressants for chronic pain states: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur". MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. ODG guidelines Pain Chapter, under Insomnia have the following regarding Amitriptyline: "Sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia (Buscemi, 2007) (Morin, 2007), but they may be an option in patients with coexisting depression". The treater does not discuss request. In this case, only one progress report was provided in which the patient

is instructed to continue taking Trazodone HCl for insomnia. Trazodone is supported as an antidepressant for treatment of insomnia when there is depression and chronic pain. ODG guidelines recommend the use of Trazodone in patients with sleep disturbances and coexisting depression. It is not clear how long the patient has been utilizing this medication. However, there is no discussion of its efficacy. MTUS page 60 require that medication efficacy in terms of pain reduction and functional gains must be discussed when using for chronic pain. Therefore, this request is not medically necessary.