

Case Number:	CM15-0095102		
Date Assigned:	05/21/2015	Date of Injury:	10/02/2001
Decision Date:	07/02/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/18/2015

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 was a 54-year-old female, who sustained an industrial injury, October 20, 2011. The injured worker previously received the following treatments 7 surgeries, Oxycontin, Percocet Skelaxin, Lidoderm patches at night, Lunesta and trigger point injections. The injured worker was diagnosed with sleep disturbances secondary to pain, failed back surgery syndrome, lumbar degenerative disc disease with radiculopathy, myofascial spasms and mid back pain/thoracic pain. According to progress note of April 6, 2015, the injured workers chief complaint was constant low back pain with right lower extremity numbness and tingling and weakness since the last surgery. The injured worker reports that with pain medication the pain was 50-60% improved. The injured worker was able to care for self and grandson. The injured worker rated the pain 8 out of 10. The injured worker was able to sit in a recliner, stand limited, walk limited and sleep was interrupted two to three times per night. The physical exam noted tenderness with palpation over the bilateral thoracic paraspinal and lumbar paraspinals. There was pain with extension greater than flexion of the lumbar spine. There was pain with facet loading, right greater than the left. There was altered sensation in the right lower extremity in the L4 dermatome distribution. The muscle stretch reflexes were 2 on the left and 1 on the right. According to the progress note of May 4, 2015, the injured worker was able to take less pain medication after having a trigger point injections and improved sleep. The cervical spine triggers point injections through Medicare as a non-work related injury. The treatment plan included prescription renewals for Gabapentin, Lunesta, Skelaxin and a cervical trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300 mg Qty 120 with 11 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs), Gabapentin Page(s): 18-19.

Decision rationale: The patient presents on 04/06/15 with lower back pain with associated numbness and tingling in the right lower extremity. The patient's date of injury is 10/20/11. Patient is status post multiple lumbar surgeries, including lumbar reconstructive surgery at L2-3 level on 10/13/09. The request is for gabapentin 300mg qty 120 with 11 refills. The RFA was not provided. Physical examination dated 04/06/15 reveals tenderness to palpation over the bilateral thoracic and lumbar paraspinal muscles, with facet loading noted on the right (greater than left). The provider notes fatigue on muscle testing to the right lower extremity, and altered sensation along the right lower extremity along the L4 dermatomal distribution. The patient is currently prescribed Ibuprofen, Gabapentin, Advair, Spiriva, Levolel, Zantac, Mirapex, Cymbalta, Norco, Oxycontin, Soma, Metoprolol, Reglan, Crestor, and Singulair. Diagnostic imaging included lumbar MRI dated 12/06/13, significant findings include: "Post surgical change with posterior fixation hardware extending from L2 through L4 with interbody grafts at L2-3 and L3-4. There is stable appearance of the L2-3 interbody graft, without evidence of significant osseous incorporation." Patient's current work status is not provided. 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." In regard to the continuation of Gabapentin for this patient's neuropathic pain, the request is appropriate. This patient has been prescribed Gabapentin since at least 08/11/14 for lower back pain, which radiates into the right lower extremity. Progress report dated 04/06/15 documents a 50-60 percent reduction in this patient's pain attributed to her medications, though does not specifically mention Gabapentin. In addition, the progress note documents that this patient's medication regimen allows her to care for herself and her grandson. Given this patient's neuropathic pain and the established analgesia with functional benefits, continuation is substantiated. The request IS medically necessary.

Lunesta 3 mg Qty 30 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress: Eszopicolone (Lunesta).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, for Eszopicolone (Lunesta).

Decision rationale: The patient presents on 04/06/15 with lower back pain with associated numbness and tingling in the right lower extremity. The patient's date of injury is 10/20/11. Patient is status post multiple lumbar surgeries, including lumbar reconstructive surgery at L2-3 level on 10/13/09. The request is for Lunesta 3mg qty 30 with 5 refills. The RFA was not provided. Physical examination dated 04/06/15 reveals tenderness to palpation over the bilateral thoracic and lumbar paraspinal muscles, with facet loading noted on the right (greater than left). The provider notes fatigue on muscle testing to the right lower extremity, and altered sensation along the right lower extremity along the L4 dermatomal distribution. The patient is currently prescribed Ibuprofen, Gabapentin, Advair, Spiriva, Levolel, Zantac, Mirapex, Cymbalta, Norco, Oxycontin, Soma, Metoprolol, Reglan, Crestor, and Singulair. Diagnostic imaging included lumbar MRI dated 12/06/13, significant findings include: "Post surgical change with posterior fixation hardware extending from L2 through L4 with interbody grafts at L2-3 and L3-4. There is stable appearance of the L2-3 interbody graft, without evidence of significant osseous incorporation." Patient's current work status is not provided. MTUS/ACOEM did not discuss Lunesta or insomnia treatment, though ODG pain chapter, for Insomnia treatment states: "Recommend that treatment be based on the etiology, with the medications recommended below. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness." ODG pain chapter, for Eszopicolone (Lunesta) states: "Not recommended for long-term use, but recommended for short-term use. In regard to the continuation of this patient's Lunesta, the requesting provider has exceeded guideline recommendations. Progress notes indicate that this patient has been taking Lunesta since at least 09/22/14. Addressing efficacy, the subsequent reports do include documentation of sleep benefits. While MTUS does not discuss this particular medication, ODG only supports short-term use. The requested 30 tablets with five refills - in addition to prior use - do not imply intent to utilize this medication short term. Therefore, the request IS NOT medically necessary.

Skelaxin 800 mg Qty 120 with 11 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-67.

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

Decision rationale: The patient presents on 04/06/15 with lower back pain with associated numbness and tingling in the right lower extremity. The patient's date of injury is 10/20/11. Patient is status post multiple lumbar surgeries, including lumbar reconstructive surgery at L2-3 level on 10/13/09. The request is for Skelaxin 800mg qty 120 with 11 refills. The RFA was not provided. Physical examination dated 04/06/15 reveals tenderness to palpation over the bilateral thoracic and lumbar paraspinal muscles, with facet loading noted on the right (greater than left). The provider notes fatigue on muscle testing to the right lower extremity, and altered sensation along the right lower extremity along the L4 dermatomal distribution. The patient is currently prescribed Ibuprofen, Gabapentin, Advair, Spiriva, Levolel, Zantac, Mirapex, Cymbalta, Norco, Oxycontin, Soma, Metoprolol, Reglan, Crestor, and Singulair. Diagnostic imaging included lumbar MRI dated 12/06/13, significant findings include: "Post surgical change with posterior fixation hardware extending from L2 through L4 with interbody grafts at

L2-3 and L3-4. There is stable appearance of the L2-3 interbody graft, without evidence of significant osseous incorporation." Patient's current work status is not provided. MTUS Chronic Pain Medical Treatment Guidelines, page 63-66 states: "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. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." In regard to the request for Skelaxin, the provider has specified an excessive duration of therapy. This patient was prescribed Skelaxin at some point before 04/06/15, as it specifies a refill. Guidelines indicate that muscle relaxants such as Skelaxin are considered appropriate for acute exacerbations of lower back pain. However, MTUS Guidelines do not recommend use of this class of medications for longer than 2 to 3 weeks, the requested 120 tablets with 11 refills does not imply intent to use this medication over a 2-3 week period. Therefore, the request IS NOT medically necessary.

Cervical spine, trigger point injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, under Trigger Point Injections.

Decision rationale: The patient presents on 04/06/15 with lower back pain with associated numbness and tingling in the right lower extremity. The patient's date of injury is 10/20/11. Patient is status post multiple lumbar surgeries, including lumbar reconstructive surgery at L2-3 level on 10/13/09. The request is for cervical spine trigger point injection. The RFA was not provided. Physical examination dated 04/06/15 reveals tenderness to palpation over the bilateral thoracic and lumbar paraspinal muscles, with facet loading noted on the right (greater than left). The provider notes fatigue on muscle testing to the right lower extremity, and altered sensation along the right lower extremity along the L4 dermatomal distribution. The patient is currently prescribed Ibuprofen, Gabapentin, Advair, Spiriva, Levolet, Zantac, Mirapex, Cymbalta, Norco, Oxycontin, Soma, Metoprolol, Reglan, Crestor, and Singulair. Diagnostic imaging included lumbar MRI dated 12/06/13, significant findings include: "Post surgical change with posterior fixation hardware extending from L2 through L4 with interbody grafts at L2-3 and L3-4. There is stable appearance of the L2-3 interbody graft, without evidence of significant osseous incorporation." Patient's current work status is not provided. ODG Pain chapter, under Trigger Point Injections, has the following: "Recommended for myofascial pain syndrome as indicated below, with limited lasting value. The advantage appears to be in enabling patients to undergo remedial exercise therapy more quickly. The primary goal of trigger point therapy is the short-term relief of pain and tightness of the involved muscles in order to facilitate participation in an active rehabilitation program and restoration of functional capacity. TPIs are generally considered an adjunct rather than a primary form of treatment and should not be offered as either a primary or a sole treatment modality. Criteria for the use of TPIs: TPIs with a local anesthetic

may be recommended for the treatment of myofascial pain syndrome when all of the following criteria are met: 1. Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; 2. Symptoms have persisted for more than three months..." In regard to the request for trigger point injections to the patient's cervical spine, the patient does not meet guideline criteria. This injection was performed on 04/06/15, as the provider notes a separate dictation for the procedure - which was not included. The associated physical examination does not include documentation of circumscribed trigger points, referred pain, or twitch response. ODG requires that such physical findings are included, without such documentation, the medical necessity of the requested trigger point injections cannot be substantiated. Therefore, the request IS NOT medically necessary.