

Case Number:	CM13-0010179		
Date Assigned:	03/12/2014	Date of Injury:	08/08/2012
Decision Date:	05/07/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/12/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Prior treatment history has included acupuncture. Medications on 03/05/2014 are as follows: Norco, Zanaflex, Naproxen, Prilosec, Clonidine, Hydrochlorothiazide, and Lisinopril Diagnostic studies reviewed include urine drug screen dated 08/26/2013 was inconsistent with prescribed medications. 02/17/2014 revealing the patient utilizes medication on an irregular basis and not consistently. Progress note dated 07/25/2012 documented the patient to have complaints of a 2 week history of abdominal discomfort, epigastria, belching, burning sensation, worse after meals. She feels bloated and her symptoms are in the epigastria with associated nausea. Medications: 1) Atenolol 50 mg 2) Imitrex 100 mg 3) Naprosyn 500 mg 4) Lisinopril 40 mg 5) amlodipine besylate 10 mg 6) HCTZ 25 mg. Plan: Keep antacid on hand, no late meals, dietary restrictions discussed, avoid aggravating factors. Advised patient not to smoke or use alcohol and avoid aspirin or other NSAID. Progress note dated 05/28/2013 documented the patient completed six sessions of acupuncture. She has overall improvement of approximately 30% in her pain level and has been able to reduce medication. Medications include: 1) Zanaflex 2) Naprosyn 3) amlodipine 4) Lisinopril 5) Clonidine 6) hydrochlorothiazide. Progress note dated 03/05/2014 documented the patient with complains of low back pain which radiates down about her bilateral hips and knees. She rates her pain at a 3. She is not working. Objective exam reveals tenderness in the lower lumbar spine. The range of motion is slightly reduced in flexion and extension. Diagnoses: Herniated nucleus pulpous lumbar spine with radicular pain and Sleep disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #100 WITH THREE REFILLS BETWEEN 7/24/2013 AND 11/14/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-+6.

Decision rationale: According to the CA MTUS guidelines, Norco is indicated for moderate to moderately severe pain. It is classified as short-acting opioids, which are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. The medical records do not include progress reports prior to the prescription of the opioid, nor during the 7/2013 through 11/2013 time frame, documenting the existence of moderate or greater pain levels. Based on the lack of reported complaints and clinical findings on examination, substantiating moderate to severe pain, a non-opioid analgesic would have been appropriate to address the patient's pain complaints. Review of the medical records does not substantiate that Norco was medically necessary for the treatment of this patient pain complaints. Consequently, recommendation is to non-certify. Would recommend #50 tablets with 1 refill to begin taper.

ANAPROX 550MG #60 WITH THREE REFILLS BETWEEN 7/24/2013 AND 11/14/2013: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NAPROXEN, Page(s): 66.

Decision rationale: According to the CA MTUS guidelines Naproxen "NSAID" is recommended at the lowest dose for the shortest period in patients with moderate to severe pain, there is no evidence of long-term effectiveness for pain or function. The medical records do not document progress reports prior to the prescription of the NSAID, nor during the 7/2013 through 11/2013 time frame, documenting the existence of moderate to severe pain levels. However, NSAIDS use in this patient seems appropriate given the recommended taper of opioids above. In this instance, it is my opinion that this is medically necessary

PRILOSEC 20MG #30 WITH THREE REFILLS BETWEEN 7/24/2013 AND 11/14/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68.

Decision rationale: According to the CA MTUS guidelines, PPI "Omeprazole" is recommended if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastro duodenal lesions. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. The patient is less than 65, and in the absence of any history of GI bleeding, concurrent use of ASA, corticosteroid and/or anticoagulant, or high dose or multiple NSAID, the request is not medically necessary according to the guidelines. Recommendation is to non-certify.

ZANAFLEX 4MG #90 WITH THREE REFILLS BETWEEN 7/24/2013 AND 11/14/2013:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 63-64.

Decision rationale: The CA MTUS recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP is recommended for a short course of therapy. Zanaflex is FDA approved for management of spasticity; unlabeled use for low back pain. The medical records do not demonstrate that the patient presented with an acute exacerbation or has spasticity. A review of the patient's medical records demonstrates muscle relaxant had been prescribed on a chronic basis, which is not recommended by the guidelines. However, given that I have recommended for opioid taper, I would continue all other pain medications while attempting to discontinue narcotics. Therefore, in this instance, it is my opinion that this is medically necessary.