MAXIMUS Federal Services

Case Number:	CM13-0016970		
Date Assigned:	10/11/2013	Date of Injury:	08/05/2001
Decision Date:	04/02/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain 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 Physician 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:

The patient is a 44 year old female who was injured on 08/05/2001 when she slipped backwards, and she fell, landing on her left knee. The patient underwent surgery of her left knee in 12/2001. Treatment history includes physical therapy and medications such as Hydrocodone, Naproxen, Gabapentin, Omeprazole, Cyclobenzaprine, Restone, and Condrolite. Toxicology laboratory report dated 10/02/2013 detected Hydrocodone (163 ng/mL). MRI of the lumbar spine performed 11/15/2011 revealed L4-5: a 2-3mm posterior disc bulge without evidence of canal stenosis or neural foraminal narrowing and L5-S1 revealed a 2-3mm posterior disc bulge without evidence of canal stenosis or neural foraminal narrowing. MRI of the lumbar spine without contrast performed 08/20/2013 revealed minimal to mild neural foraminal stenosis at L4-L5 and L5-S1 secondary to mild facet joint degenerative changes; minimal synovitis of the facet joints and mild hyperlordosis of distal lumbar spine. A clinic note dated 08/19/2013 documented the patient to have complaints of abdominal pain, acid reflux, nausea, diarrhea, and constipation, bright red blood per rectum and weight gain of approximately 10 pounds. She reports peptic ulcer disease and hemorrhoids diagnosed in 2011. She denied any vomiting, melena, or hepatitis. A clinic note dated 09/18/2013 documented the patient to have complaints of lower back pain, left knee pain. Pain was described as sharp, stabbing, burning, and constant. Pain radiated into the bilateral buttocks. Numbness, paresthesia, and weakness were noted. Swelling had not occurred; sexual dysfunction. Objective findings on exam included the patient to be well developed, well nourished, oriented x 3 and in no acute distress. The patient's gait was normal. Inspection of the thoracolumbar area showed normal contour. The patient walked on the heels with difficulty due to pain. Paralumbar spasm was 2+ tenderness to palpation bilaterally. Atrophy was present in the quadriceps. On forward flexion, the patient

was able to reach to the knees. Lateral bending to the right was 0-10 degrees and to the left was 20-30 degrees with pain. Extension measured 0-10 degrees. Right resisted rotation was diminished. Left resisted rotation was diminished. Straight-leg-raising was positive at 40 degrees bilaterally. ROM of the spine was limited secondary to pain. Lower extremity deep tendon reflexes were absent at the knees. Sensation to light touch was intact. Motor strength of the lower extremities measured 5/5 all groups bilaterally. A clinic note dated 09/23/2013 documented objective findings on exam included the patient was alert and oriented, pleasant and cooperative. The abdomen was soft with normoactive bowel sounds. Extremities showed no clubbing, cyanosis, or edema. Extremities examination revealed tenderness. No other significant findings on physical exam.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC DELAYED RELEASE CAPSULE 20MG #60, Q12H, 30 DAYS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Essentials of Pain Medicine and Regional Anesthesia, 2nd Edition (2005), Chapter 16: NSAIDs and COX-2 Selective Inhibitors, pgs. 141-158.

Decision rationale: According to the MTUS guidelines, Prilosec is a proton pump inhibitor recommended for patients at intermediate risk for gastrointestinal events and no cardiovascular disease. Long-term PPI use (>1 year) has been shown to increase the risk of hip fracture. It is indicated to treat NSAID-inducted dyspepsia. Records submitted indicate that this employee is taking NSAIDs and a note dated 08/19/2013 indicates employee having abdominal pain, acid reflux, nausea, diarrhea, constipation. Thus, the medical necessity has been established and the request is certified.

ANAPROX 550MG, ORAL TAB, BID, 30 DAYS, NO REFILLS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Essentials of Pain Medicine and Regional Anesthesia, 2nd Edition (2005), Chapter 16: NSAIDs and COX-2 Selective Inhibitors, pgs. 141-158.

Decision rationale: According to the MTUS guidelines, NSAIDs for neuropathic pain are not recommended due to inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. Guidelines further indicate that there is no evidence of long-term effectiveness for pain or function. This employee is

having chronic neuropathic pain and continued to experience GI events, tenderness, and significant functional limitations. Thus, the request for Anaprox 550MG, oral tab, bid, 30 days, no refills is non-certified.

TIZANIDINE TABLET 4MG, #60 Q12H 30 DAYS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Essentials of Pain Medicine and Regional Anesthesia, 2nd Edition (2005), Chapter 17: Muscle Relaxants, pgs. 159-165

Decision rationale: According to the MTUS guidelines, Tizanidine is a muscle relaxants recommended "for non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations 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." Records indicate that this employee is having persistent thoracolumbar spasms and using NSAIDs. However, the guidelines do not recommend long-term use of this medication along with combination of NSAIDs. Thus, the medical necessity has not been established and the request is non-certified.