

Case Number:	CM13-0018324		
Date Assigned:	12/27/2013	Date of Injury:	07/16/2006
Decision Date:	02/20/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	08/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in Maryland. 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:

██████████ was a 45 year old male injured on July 16, 2006. The mechanism of injury was unknown. His symptoms included neck pain, right shoulder pain, upper back pain and low back pain. He was initially found to have mild degeneration of the acromioclavicular joint of right shoulder with tendinosis of the supraspinatus tendon, broad based disc bulge at C6-C7, C7-T1, C5-6 and C4-5 as well as L5-S1 anterolisthesis with bilateral neural foraminal narrowing and L3-4, L4-L5 disc protrusion in his MRI shoulder, cervical and lumbar spine in 2006. He was treated with epidural injections, Physical therapy and medications. He had complete discectomy and partial reduction of spondylolisthesis at L5-S1 and fusion in 2009. His history was also significant for right shoulder arthroscopy and decompression. He was on a modified work activity. In 2012, due to persistent pain, he had CT myelogram that showed severe foraminal narrowing particularly on the left side at the surgical level for which he had epidural steroid injections. His medications included Norco, Tizanidine, Ambien, Venlafaxine, gabapentin, Metformin, Hydrochlorothiazide, Simvastatin, Lisinopril, aspirin, Minocycline, Omeprazole and Lantus insulin. In June and July 2013, he was noted to have lumbar spine pain and bilateral leg pain during his visits to the treating provider. On examination, he was noted to have paraspinal tenderness in lumbar spine with decreased range of motion and positive straight leg raising test bilaterally. His diagnoses included status post lumbar spine fusion and lumbar disc disease with failed back syndrome. Treatment plan included Tizanidine, Ambien, Prilosec and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective medication request for Hydrocodone 10/325 mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 86-87.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 88.

Decision rationale: Medical records reviewed show a diagnosis of failed back syndrome and lumbar disc disease status post fusion. He was noted to have ongoing pain despite being on Norco for at least 2 years. According to MTUS guidelines, ongoing treatment with Norco requires a patient to show a reduction in pain and improvement of function as compared to baseline without significant adverse effects or aberrant behavior. The medical records don't reveal the level of pain before and after medications. In addition, there is no documentation on improvement of functional status with a validated instrument. In the absence of symptomatic improvement of pain and functional improvement, the medical necessity for ongoing treatment with Hydrocodone/APAP is not met.

retrospective medication request for Tizanidine 4 mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, Tizanidine Page(s): 63,66,111.

Decision rationale: In this case, the diagnoses are low back pain, lumbar spine status post fusion and failed back syndrome. He was being treated with pain medications and epidural steroid injections. There is no documentation of acute exacerbation of chronic back pain. Also there is no spasticity. California MTUS recommends non-sedating muscle relaxants as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Hence the medical necessity for ongoing use of Tizanidine for chronic pain is not met.

Retrospective medication request for Prilosec 20 mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs (NSAID) gastrointestinal (GI).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68.

Decision rationale: The available records failed to reveal a history of NSAID use. There is no documentation of gastrointestinal symptoms including heart burns or abdominal pain. According to MTUS guidelines, prophylactic proton pump inhibitor can be used for patients at high risk for

gastrointestinal events like age more than 65 years, history of peptic ulcer or bleeding, concurrent use of aspirin, steroids or anticoagulant and high dose or multiple NSAID use. In this case, none of the above is present and there is no history of NSAID use and hence the medical necessity for Prilosec is not met.