

Case Number:	CM13-0019687		
Date Assigned:	04/25/2014	Date of Injury:	04/25/2007
Decision Date:	06/10/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	09/03/2013

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 Orthopedic Surgery, and is licensed to practice in Arizona. 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:

This is a 43-year-old male who sustained an injury on 4/25/2007. The injury caused pain in his right shoulder. He received several cortisone injections without relief. An MRI scan of his right shoulder revealed ruptured tendons and the patient was released back to work with restrictions. Due to continuing symptoms the patient eventually had shoulder surgery in 2010. The patient was also complaining of pain in his back. An MRI scan of his lumbar spine revealed 2 lumbar herniated disks. Electrodiagnostic studies identified L5 radiculopathy bilaterally and because of continuing symptoms the patient underwent an anterior interbody fusion with instrumentation from L4-S1. The patient continues to complain of pain and tenderness in the low back with radiation into the left lower extremity. Postoperatively, the patient began to develop neck pain. The patient also complains of abdominal pain and had seen a gastroenterologist on 12/17/2011. The patient underwent an esophagogastroduodenoscopy with biopsy on 2/26/2013. He was found to have a moderate generalized gastritis attributed to non-steroidal anti-inflammatory drug (NSAID) use and a small reducible hiatal hernia. On the same day he also underwent a total colonoscopy. He was found to have a highly redundant colon otherwise it was a normal study. He was placed on Dexilant, a proton pump inhibitor, by his gastroenterologist for his gastritis, and Colace for his chronic constipation which was attributed to the use of narcotics. A comprehensive examination of the patient on 4/11/2013 revealed that the patient was complaining of neck pain with radiation into both arms associated with numbness and tingling in his hands, also, constant right shoulder pain which increased with lifting, overhead reaching, or repetitive use of the upper extremity. Finally, low back pains with radiation down the posterior and lateral aspects of both ankles. The pain in the back was increased with lifting, bending, stooping, prolonged sitting, standing or walking.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUE TIZANIDINE 4 MG TWICE A DAY: 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 based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANTS, 63-66.

Decision rationale: Muscle relaxants, in general, are recommended for short-term treatments of acute exacerbations in patients with chronic low back pain. This patient has been on Tizanidine for several years. However, the medical records provided for review do not demonstrate that this medication has any effect in decreasing the patient's pain. His symptoms of low back pain with radiation into his legs continue at the same level over multiple progress reports. There is no indication that the medication has any effect at all. Therefore, lacking documentation on the efficacy of this medication in this particular patient, the request is not medically necessary and appropriate.

CONTINUE OMEPRAZOLE TWICE A DAY: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK, 68-69.

Decision rationale: This patient has been having gastrointestinal (GI) symptoms for at least 2 years. He was initially seen by a gastroenterologist in 2011. A gastroenterologist felt the patient was having upper GI problems secondary to the use of non-steroidal anti-inflammatory drugs (NSAIDs). An esophagogastroduodenoscopy was done in 2013 at which time a moderate gastritis was identified together with a hiatus hernia. This gastritis was again attributed to the patient's use of NSAIDs. The patient was told to stop taking all NSAIDs and was placed on a proton pump inhibitor which is the recommended treatment for patients at high risk for gastrointestinal events secondary to NSAIDs. Therefore, based on the documentation afforded by the medical records provided for review, the continued use of Omeprazole is medically necessary and appropriate.

CONTINUE COLACE 200 MG EVERY MORNING AND 100 MG EVERY NIGHT: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: This patient continues to use opioids to keep his chronic pain under control. He did have a consultation with a gastroenterologist who suggested that the patient's constipation symptoms were secondary to his use of opioids, his sedentary lifestyle secondary to pain, and lack of hydration. While there is a sparsity of documentation about the patient's bowel habits, the constipation has been noted by the gastroenterologist and also by the patient's primary care physician (PCP). Therefore, the medical necessity for continuing to use Colace as long as the patient is on opioids has been established. The request is medically necessary and appropriate.