

Case Number:	CM13-0020774		
Date Assigned:	03/03/2014	Date of Injury:	09/26/2007
Decision Date:	04/23/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	09/06/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 9/6/07. A utilization review determination dated 7/29/13 recommends non-certification of tizanidine, Lunesta, omeprazole, Compazine, and prochlorperazine. Percocet was modified from #120 to #90. 7/22/13 medical report identifies low back pain radiating to the BLE and neck pain radiating to the BUE. Pain is 7/10 with medications and 8-9/10 without. The patient complains of severe nausea/vomiting secondary to Percocet but an inability to cope with severe pain, and is able to walk for exercise with Percocet. On exam, there is lumbar and cervical tenderness.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF TIZANIDINE HCL 4MG # 60: Upheld

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

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

Decision rationale: Regarding the request for tizanidine, CA MTUS Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the

documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested tizanidine is not medically necessary.

ONE PRESCRIPTION OF LUNESTA 2MG #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER, INSOMNIA TREATMENT.

Decision rationale: Regarding the request for Lunesta, California MTUS does not address the issue. ODG cites that pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance and failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Within the documentation available for review, there is no documentation of the patient's sleep complaints, improved sleep with medication use, evaluation of potential causes of sleep disturbance, and a clear rationale for long-term use of the medication. In light of the above issues, the currently requested Lunesta is not medically necessary.

ONE PRESCRIPTION OF PERCOCET 10/325MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79.

Decision rationale: Regarding the request for Percocet, California MTUS Chronic Pain Medical Treatment Guidelines state that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is significantly improving the patient's pain, as pain is noted to be only 1-2 points lower on the VAS with medication use. Additionally, the medication is noted to be causing severe nausea/vomiting and it was being switched for another opioid, which was certified by the prior utilization review. Thus, there is no clear indication for continuation of this medication. In light of the above issues, the currently requested Percocet is not medically necessary.

ONE PRESCRIPTION OF OMEPRAZOLE DR 20MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: Regarding the request for omeprazole, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. There is documentation of nausea/vomiting with Percocet, but this was being switched for another opioid. In light of the above issues, the currently requested omeprazole is not medically necessary.

ONE PRESCRIPTION OF COMPAZINE 10MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
[HTTP://WWW.DRUGS.COM/PRO/COMPAZINE.HTML](http://www.drugs.com/pro/compazine.html).

Decision rationale: Regarding the request for compazine, California MTUS and ODG do not address the issue. The FDA indications for this medication include control of severe nausea and vomiting. Within the documentation available for review, there is documentation of severe nausea and vomiting with the use of Percocet, but that medication was switched for another opioid. In light of the above issues, the currently requested compazine is not medically necessary.

ONE PRESCRIPTION OF PROCHLORPERAZINE 10MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
[HTTP://WWW.DRUGS.COM/MONOGRAPH/PROCHLORPERAZINE-MALEATE.HTML](http://www.drugs.com/monograph/prochlorperazine-maleate.html).

Decision rationale: Regarding the request for prochlorperazine, California MTUS and ODG do not address the issue. The FDA indications for this medication include control of severe nausea and vomiting. Within the documentation available for review, there is documentation of severe nausea and vomiting with the use of Percocet, but that medication was switched for another opioid. In light of the above issues, the currently requested prochlorperazine is not medically necessary.

