

Case Number:	CM13-0020858		
Date Assigned:	10/11/2013	Date of Injury:	04/26/2001
Decision Date:	01/15/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/06/2013

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 <MPR BRD CERT>, has a subspecialty in <MPR SUBSPEC CERT> and is licensed to practice in <MPR ST LICENSE>. 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.

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 underlying date of injury in this case is 04/26/2001. The reference diagnosis is 338.4 or chronic pain syndrome. Treating physician notes report the initial diagnoses of status post a lumbar fusion at L4-S1 and degenerative disc disease of the cervical, thoracic, and lumbar spine. A treating physician PR-2 report of 07/09/2013 notes patient presented regarding persistent neck and back pain at 9-10/10. That note addresses a prior utilization review regarding medications. The treating physician reported the patient was taking Norco, Zanaflex, Prilosec, Senna for opioid-induced constipation, and also Medrox patches to help decrease the patient's overall medications. The treating physician notes the patient reports these medications help her decrease pain and increase her function and that the patient denied any side effects from the medications. The treating physician notes that the patient has an opioid agreement on file and that the patient has also received substantial benefit from aquatic therapy in the past. A prior physician review concluded that the medical records did document functional benefit to support ongoing use of Norco. That review notes that there were no muscle spasms documented on physical examination, that treatment guidelines did not recommend muscle relaxants as more effective than NSAIDS (non-steroidal anti-inflammatory drugs) alone. That review notes that the medical records did not support a rationale for gastrointestinal prophylaxis from Prilosec and that the medical necessity for Medrox patches has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Madrox patches, #2 boxes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states, "The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." The records do not contain this detail to support a rationale for Medrox. Additionally, I note that Medrox contains 0.0375% capsaicin. This same guideline, page 112, states, "There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy." For this reason as well, the medical records do not support an indication for Medrox. The request for Madrox patches, two boxes (at five per box) is not medically necessary or appropriate.

Omeprazole 20mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications and Gastrointestinal Symptoms Page(s): 68.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states the clinician should "determine if the patient is at risk for gastrointestinal events." The medical records do not provide a specific rationale in this case as to why this patient is at risk for gastrointestinal events to require Omeprazole. The medical records do not support this request. The request for Omeprazole 20 mg, quantity of 30, is not medically necessary or appropriate.

Tizandine 4mg, #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants/Tizanidine Page(s): 66.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states "Eight studies have demonstrated efficacy for low back pain. One study demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first-line option to treat myofascial pain." The guidelines therefore support this medication for multiple forms of neuropathic or non-neuropathic pain. A prior physician review notes that this medication is not indicated without specific documentation of spasm.