

<b>Case Number:</b>	CM13-0029999		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	04/04/2003
<b>Decision Date:</b>	03/17/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 55-year-old male who reported an injury on 04/04/2003. The mechanism of injury was not specifically stated. The patient is diagnosed with cervical spine degenerative disc disease, left shoulder impingement, and lumbosacral radiculopathy. The patient was seen by [REDACTED] on 11/19/2013. The patient reported a severe flare up. Physical examination revealed severe tenderness with positive Neer and Hawkins testing and decreased motor and sensory in the left lower extremity. Treatment recommendations included a urine toxicology screen, genetic testing, topical compounds, and continuation of somnacin, Laxacin, gabacyclotram, and aquatic therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg one month supply:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report high levels of pain. Satisfactory response to treatment has not been indicated by a decrease in pain level, increase in function, or improved quality of life. Therefore, the request is non-certified.

**Zanaflex 4mg one month supply:** 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 rationale:** California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolong use may lead to dependence. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. The patient's physical examination does not reveal palpable muscle spasm, muscle tension, or spasticity. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

**Laxacin 100 tablets:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter.

**Decision rationale:** California MTUS Guidelines state prophylactic treatment of constipation should be initiated, when initiating opioid therapy. Official Disability Guidelines state opioid induced constipation treatment is recommended for specific indications. First line treatment includes increasing physical activity, maintaining appropriate hydration, and advising the patient to follow a proper diet. As per the documentation submitted, the patient has continuously utilized this medication. However, there is no documentation of gastrointestinal complaints. There is also no evidence of a failure to respond to first line treatment prior to the initiation of a prescription product. Based on the clinical information received, the request is non-certified.

**Prilosec 20mg one month supply:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms Page(s): 68-69.

**Decision rationale:** California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor. As per the documentation submitted, there is no evidence of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the patient does not meet criteria for the requested medication. As such, the request is non-certified.