

Case Number:	CM13-0045921		
Date Assigned:	12/27/2013	Date of Injury:	09/02/2007
Decision Date:	07/23/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/13/2013

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 Occupational Medicine 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 42-year-old male with a 9/2/07 date of injury. He was working as a Deputy Sheriff on water patrol when another Jet Ski hit his Jet Ski traveling at approximately 30 mph. He broke 2 ribs on his left side. On 9/16/13, the patient reported ongoing pain in his rib area. He states it is his "usual pain". Objective: superficial and deep pain in the left chest and back area, especially around the incisions to palpation. A urine drug screen was performed. Diagnostic Impression: Post-thoracotomy pain, History of rib fractures, Intercostal Neuralgia. Treatment to date: RFA of left T9-T11 intercostal nerves, medication management, activity modification. A UR decision dated 10/22/13 denied the request for Tizanididine. Nexium was modified to partially certify the retrospective usage of Nexium 20 mg but partially certify the prospective use of Nexium 20 mg x 2 month supply. Methocarbamol was non-certified. Ibuprofen was modified. The use of BUT/APAP/Caffeine was non-certified. The rationale for the denials was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE USE OF TIZANIDINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.24.2 Page(s): 63-66.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP, however, in most LBP cases; they show no benefit beyond NSAIDs in pain and overall improvement. However, there is no clear description of an acute exacerbation of the patient's chronic pain that would benefit from a short-term course of muscle relaxants. There is no documentation of acute muscle spasm. The guidelines do not support the long-term use of muscle relaxants due to diminishing efficacy over time and the risk of dependence. Therefore, the request for Retrospective Use of Tizanidine was not medically necessary.

TIZANIDINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.24.2 Page(s): 63-66.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP, however, in most LBP cases; they show no benefit beyond NSAIDs in pain and overall improvement. However, there is no description of an acute change in the patient's condition that would warrant a short-term prescription of muscle relaxants. This patient has been on muscle relaxants long-term, which guidelines do not support. Therefore, the request for Tizanidine was not medically necessary.

RETROSPECTIVE USE OF NEXIUM: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.24.2 Page(s): 68.

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. This patient is noted to be on chronic NSAID therapy, and guidelines do support the use of PPIs in this setting. The utilization review modified the request for a 2 month supply. Therefore, the request, as submitted, for retrospective Use of Nexium was not medically necessary.

NEXIUM: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.24.2 Page(s): 68.

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. However, the patient is not documented to have GERD or gastritis. He has previously been on Ibuprofen; however, Ibuprofen was not felt to be medically necessary. Secondary to this, the request cannot be substantiated. Therefore, the request for Nexium was not medically necessary.

RETROSPECTIVE USE OF METHOCARBARNOL: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.24.2 Page(s): 63-66.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP, however, in most LBP cases; they show no benefit beyond NSAIDs in pain and overall improvement. However, this patient is already documented to be on Tizanidine as well. It is unclear why he needs to be on two different muscle relaxants. Therefore, the request for Retrospective Use of Methocarbamol was not medically necessary.

METHOCARBARNOL: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.24.2 Page(s): 63-66.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP, however, in most LBP cases; they show no benefit beyond NSAIDs in pain and overall improvement. However, it is unclear why the patient needs to be on both Tizanidine and Methocarbamol. Guidelines do not support the long-term use of muscle relaxants due to the risk of dependence. Therefore, the request for Methocarbamol was not medically necessary.

RETROSPECTIVE USE OF IBUPROFEN: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.24.2 Page(s): 67.

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. However, there is no description of functional improvement gained from the use of Ibuprofen. Guidelines states that NSAIDs may be useful to treat breakthrough pain, but are recommended for the shortest duration of time possible. This patient has a 2007 date of injury and likely has been on Ibuprofen long-term. Therefore, the request for Retrospective Use of Ibuprofen was not medically necessary.

IBUPROFEN: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.24.2 Page(s): 67.

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. However, there is no documentation of functional improvement from the use of Ibuprofen. Guidelines do not support the long-term use of NSAIDs due to adverse side effects, particularly given the fact that there is no documentation of functional gains from the use of Ibuprofen. Therefore, the request for Ibuprofen was not medically necessary.

RETROSPECTIVE USE OF BUT/APAP/CAP: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.24.2 Page(s): 23.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that barbiturate-containing analgesics are not recommended for chronic pain, with high potential for drug

dependence and no evidence to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. The FDA states that Fiorinal is indicated for the relief of the symptom complex of tension (or muscle contraction) headache. However, guidelines do not support the use of Fioricet for the treatment of chronic pain. There is no description of tension headaches. It is unclear why the patient is taking Fioricet. Therefore, the request for Retrospective Use of But/APAP/Cap was not medically necessary.

BUT/APAP/CAP: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.24.2 Page(s): 23.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that barbiturate-containing analgesics are not recommended for chronic pain, with high potential for drug dependence and no evidence to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. The FDA states that Fiorinal is indicated for the relief of the symptom complex of tension (or muscle contraction) headache. However, the use of this medication is not supported by guidelines due to the concern regarding the barbiturate constituent. There is risk of medication overuse as well as rebound headaches. There is no description of tension headaches or a clear etiology as to why this medication is being prescribed. Therefore, the request for But/APAP/Cap was not medically necessary.