

Case Number:	CM13-0050071		
Date Assigned:	12/27/2013	Date of Injury:	01/24/2010
Decision Date:	03/14/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/08/2013

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 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 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 has filed a claim for chronic neck and mid back pain reportedly associated with an industrial injury of January 24, 2010. Thus far, the patient has been treated with the following: Analgesic medications; attorney representations; unspecified amounts of chiropractic manipulative therapy; muscle relaxants; and work restrictions. In a Utilization Review Report of October 23, 2013, the claims administrator partially certified a request for Norco, tizanidine, Relafen, and Prilosec for weaning purposes. The rationale did not quite mesh with the decisions. It was stated that the patient was trying to wean off of the medications in one section of the report and that the patient had reflux that was well controlled with Prilosec. The patient's attorney appealed the denial/partial certification. In a December 18, 2013 note, it is stated that the patient is using Relafen with no reflux. The patient has neck, mid back, and low back pain. Multifocal tenderness is noted. The patient is given refills of numerous medications. Permanent work restrictions are renewed, unchanged from visit to visit. The patient does not appear to be working with said limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46, 63, 68, 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved functioning, and/or reduced pain affected as a result of ongoing opioid usage. In this case, it does not appear that the patient has returned to work. There is no clear evidence of reduction in pain scores and/or improved functioning as a result of ongoing Norco usage. Criteria for continuation of Norco have not seemingly been met. Therefore, the request remains non-certified, on Independent Medical Review.

Retrospective request for Tizanidine 4mg TID as needed for spasm #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

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

Decision rationale: As noted on page 66 of the MTUS Chronic Pain Medical Treatment Guidelines, tizanidine or Zanaflex is FDA approved in the treatment of spasticity and is tepidly endorsed in the off-label treatment of low back pain. In this case, however, as with the other medications, the patient has used this agent chronically and failed to derive any lasting benefit or functional improvement through prior usage of the same. The patient does not appear to have returned to work. The patient has failed to demonstrate functional improvement in terms of parameters established in MTUS 9792.20f. There is no evidence of reduction in medical treatment effected as a result of ongoing tizanidine usage. Therefore, the request is not certified, for all of the stated reasons.

Retrospective request for Nabumetone 750mg BID with food #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does state that anti-inflammatory medications such as nabumetone do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain present here, in this case, as with the other medications, the patient has failed to clearly effect any lasting benefit or functional improvement through prior usage of the same. The patient has failed to return to work. The patient has failed to achieve any marked reduction in medical treatment as a result of ongoing nabumetone or Relafen usage. Therefore, the request remains non-certified, on Independent Medical Review.

Retrospective request for Prilosec 20mg daily #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

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

Decision rationale: As noted by the previous utilization reviewer in his Utilization Review Report, a teleconference with the treating provider led to the conclusion that the patient's reflux is well controlled with Prilosec. Continuing the same, on balance, is indicated as page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of Prilosec in the treatment of NSAID-induced dyspepsia