

Case Number:	CM13-0064932		
Date Assigned:	07/02/2014	Date of Injury:	09/05/2012
Decision Date:	08/15/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/12/2013

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:

The applicant has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 5, 2012. Thus far, the applicant has been treated with the following: analgesic medications, attorney representation; anxiolytic medications; psychotropic medications; earlier lumbar fusion surgery; and extensive periods of time off of work, on total disability. In a Utilization Review Report dated December 6, 2013, the claims administrator denied a request for Norco, Restoril, Relafen, Zanaflex, and Omeprazole. The applicant's attorney subsequently appealed. On June 26, 2013, the applicant was described as having persistent complaints of low back pain. The applicant was apparently in the process of pursuing lumbar spine surgery. Duragesic and Percocet were endorsed for perioperative analgesia purposes. The applicant's apparently underwent an L5-S1 disk excision surgery on July 15, 2013. On August 26, 2013, the applicant was again placed off of work, on total disability. Relafen, Norco, and Restoril were endorsed. It appeared that Restoril was being endorsed for sleep purposes as of this point in time. On October 22, 2013, the applicant reported persistent complaints of low back pain radiating into the right leg. The applicant was described as using Norco, Restoril, Zanaflex, and Relafen as of this point in time. The applicant was still struggling and having difficulty staying active. Zanaflex and Effexor were added to the applicant's medication regimen. The applicant was again placed off of work, on total disability. Authorization for epidural steroid injection therapy was sought. It was stated that the applicant was struggling and that his quality of life was poor. On November 20, 2013, the attending provider wrote that the applicant's pain levels dropped from 7-8/10 without medications to 4-5/10 with medications. The applicant was having issues with gastrointestinal (GI) upset, occasional, with medications. Further surgery was being sought on the grounds that earlier surgery had not been altogether effectual. The applicant was given refills of Norco, Restoril,

Relafen, and Zanaflex. A lumbar support and epidural steroid injection were also sought. The applicant was again placed off of work, on total disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO, #120: Upheld

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

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

Decision rationale: The request for Norco was/is not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, it did not appear that ongoing usage of Norco had generated appropriate improvements in function. While some of the attending provider's progress notes did document reduction in pain levels from 7-8/10 to 4-5/10, including on November 20, 2013, i.e., just before the utilization review report, there were no corresponding improvements in pain and/or function achieved as a result of ongoing Norco usage. The applicant remained off of work, on total disability. Several of the attending provider's progress notes suggest that the applicant's quality of life remained poor after the failed L5-S1 disk excision surgery. Continuing Norco, on balance, then, did not appear to be indicated as the applicant's reduction in pain levels from 7-8/10 to 4-5/10 appears to be outweighed by the applicant's failure to return to any form of work and failure to demonstrate any clear, concrete or tangible improvement in terms of performance of activities of daily living. Therefore, the request was not medically necessary.

RESTORIL, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Temazepam (Restoril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The request for Restoril, a benzodiazepine anxiolytic, is likewise not medically necessary, medically appropriate, or indicated here. As noted on page 24 of the MTUS Chronic Medical Treatment Guidelines, benzodiazepines such as Restoril are not recommended for chronic or long-term use purposes. In this case, it is further noted that it is not clearly stated for what purpose Restoril has been employed. It is unclear whether Restoril is being employed for sedative effect, muscle relaxant effect, or anxiolytic effect. It is further noted that there has

been no discussion of medication efficacy incorporated into any recent progress note insofar as Restoril is concerned. Therefore, the request is not medically necessary.

ZANAFLEX, #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 Zanaflex Page(s): 7, 66.

Decision rationale: The request for Zanaflex is not medically necessary, medically appropriate, or indicated here. While page 66 of the MTUS Chronic Medical Treatment Guidelines does acknowledge that tizanidine of Zanaflex is FDA approved in the management of spasticity and can be employed off labeled for low back pain, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant is described as struggling and having a poor quality of life, despite ongoing usage of Zanaflex. The applicant is off of work, on total disability. The attending provider has not outlined how Zanaflex has benefited the applicant in terms of the functional improvement parameters established in MTUS 9792.20f. Therefore, the request for Zanaflex is not medically necessary.

OMEPRAZOLE 20 MG: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI SYMPTOMS AND CARDIOVASCULAR RISK.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risks Page(s): 69.

Decision rationale: The request for Omeprazole, a proton pump inhibitor, was medically necessary, medically appropriate, and indicated here. As noted on page 69 of the MTUS Chronic Medical Treatment Guidelines, proton pump inhibitors such as Omeprazole are indicated in the treatment of NSAID-induced dyspepsia. In this case, the applicant was described as having occasional gastrointestinal (GI) upset with medications on a progress note of November 20, 2013. Introduction of omeprazole to combat the same was indicated. Therefore, the request was medically necessary.