

Case Number:	CM13-0065719		
Date Assigned:	01/03/2014	Date of Injury:	01/02/2003
Decision Date:	04/18/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/13/2013

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 Neurology, has a subspecialty in Neuromuscular 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:

Susan Rydman is a 67 year old woman who sustained a work-related injury on January 2, 2003 subsequently she developed with the low back pain. Patient was treated with pain medications and epidural injections. The last epidural injection was performed on July 19, 2013. According to the note dated on August 15, 2013, the patient was reported dramatic improvement of back pain with epidural injection. His physical examination demonstrated the mild lumbar pain with reduced range of motion. At that time he was treated with the Lidoderm, omeprazole, Zanaflex, Neurontin, aspirin, Zipsor and Bisoprolol, ciprofloxacin and simvastatin. The provider requested continuation of the above medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms & cardiovascular risk Page(s): 102.

Decision rationale: According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events . The risk for

gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastro duodenal lesions. There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. Therefore, Omeprazole prescription is not medically necessary.

CYCLOBENZAPRINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: According to MTUS guidelines, Cyclobenzaprine a non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The guidelines do not recommend to be used form more than 2-3 weeks. The patient in this case does not have clear recent evidence of spasm and the prolonged use of Cyclobenzaprine is not justified. Therefore, the request for Cyclobenzaprine is not medically necessary.

LIDODERM 5% PATCH: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm® (lidocaine patch) Page(s): 56.

Decision rationale: According to MTUS guidelines, <<Lidoderm® is the brand name for a lidocaine patch produced by [REDACTED]. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin>>. In this case, there is no clear documentation of recent use of these medications. Furthermore, the have a dramatic improvement of his back pain after the recent epidural injection and the need for Lidoderm patch is unclear. In addition, there is no strong evidence supporting its efficacy in chronic neck and back pain. Therefore, the prescription of Lidoderm 5% patch is not medically necessary.

NEURONTIN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Gabapentin Page(s): 19.

Decision rationale: According to MTUS, Neurontin has been shown to be effective for the treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered to be first line treatment for neuropathic pain. However there is a limited research to support its use of back pain. The patient responded well to epidural injection and there is no clear rational for adding Neurontin. Based on the above, the prescription of Neurontin is not medically necessary.

ZIPSOR 25MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
NONSELECTIVE NSAIDS Page(s): 107.

Decision rationale: According to MTUS guidelines, Chronic Pain Medical Treatment Guidelines chapter, NONSELECTIVE NSAIDS section, Zipsor is indicated for pain management of chronic neck or back pain. The patient responded well to epidural injection and there is no clear rational for adding Zipsor. Based on the above, the prescription of Zipsor is not medically necessary.

BABY ASPIRIN 81MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 299.

Decision rationale: According to MTUS guidelines, Aspirin could be used for low back pain. However the patient responded well to lumbar epidural injection and there is no clear justification for the addition of a low dose of Aspirin. Therefore, the prescription of Aspirin 81 mg is not medically necessary.

BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation <http://www.rxlist.com/ziaac-drug.htm>

Decision rationale: Bisoprolol-hydrochlorothiazide 10-6.25mg is a BP medication. There is no recent documentation that the patient have HTN that requires the addition of Bisoprolol-hydrochlorothiazide 10-6.25mg.

CIPROFLOXACIN 500MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rxlist.com/cipro-drug/indications-dosage.htm>

Decision rationale: Ciprofloxacin 500mg is an antibiotic used for UTI, respiratory and GI infections. There is no documentation that the patient have an active infection. The prescription of Ciprofloxacin 500mg is nor medically necessary.

SIMVASTATIN 40MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rxlist.com/zocor-drug.htm>

Decision rationale: Simvastatin is a cholesterol lowering agent. There is no documentation that the patient has elevated cholesterol and therefore the prescription of Simvastatin is not medically necessary.

CALCIUM + D 600MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rxlist.com/actonel-with-calcium-drug.htm>

Decision rationale: There is no documentation that the patient developed osteoporosis, therefore the prescription of Calcium + D 600mg is not medically necessary.

TRIAMTERENE - HYDROCHLOROTHIAZIDE 37.5-25MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rxlist.com/dyazide-drug.htm>.

Decision rationale: Triamterene - Hydrochlorothiazide 37.5-25mg is BP medication. There is no documentation that the patient developed HTN that requires the prescription of Triamterene - Hydrochlorothiazide 37.5-25mg. Therefore, the prescription of Triamterene - Hydrochlorothiazide 37.5-25mg is not medically necessary.

ZIPSOR: 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 NONSELECTIVE NSAIDS Page(s): 107.

Decision rationale: According to MTUS guidelines, Chronic Pain Medical Treatment Guidelines chapter, NONSELECTIVE NSAIDS section, Zipsor is indicated for pain management of chronic neck or back pain. The patient responded well to epidural injection and there is no clear rationale for adding Zipsor. Based on the above, the prescription of Zipsor is not medically necessary.

ZANAFLEX: 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 Muscle relaxants Page(s): 63.

Decision rationale: According to MTUS guidelines, a non-sedating muscle relaxant is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear exacerbation of back pain and spasm and the prolonged use of Zanaflex is not justified. The request is not medically necessary.