

Case Number:	CM13-0067999		
Date Assigned:	01/03/2014	Date of Injury:	01/13/2012
Decision Date:	05/22/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/18/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 26 year-old male who was injured on 1/13/12. He has been diagnosed with multilevel lumbar spine disc herniations per MRI; lumbar spine facet arthropathy per MRI; lumbar spine degenerative disc disease per MRI; lumbar spine radiculopathy clinically. According to the 9/25/13 orthopedic report from [REDACTED], the patient presents with 5/10 pain, with a shock like sensation going down the right leg with numbness and tingling to the bottom of the foot. On exam he has positive right sciatic nerve stretch test. The plan was for referral to a neurosurgeon for the lumbar spine; and refilling medications, including omeprazole; naproxen 550 mg, tizanidine and gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG 1 DAILY #30: 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) Chronic Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: According to the 9/25/13 orthopedic report, the patient presents with 5/10 pain, with a shock like sensation going down the right leg with numbness and tingling to the bottom of the foot. The medical reports did not discuss efficacy of any of the medications. There is no mention of GERD, or dyspepsia from use of NSAIDs, and MTUS risk factors for GI events were not discussed. The patient does not appear to have any indications for use of omeprazole, and the MTUS risk factors for GI events were not discussed, that might allow use of omeprazole for use on a prophylactic basis. The use of omeprazole does not appear to be medically necessary.

NAPROXEN 550MG 1 BID #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes Section, tge NSAIDs Section Page(s): 8-9, 22.

Decision rationale: According to the 9/25/13 orthopedic report, the patient presents with 5/10 pain, with a shock like sensation going down the right leg with numbness and tingling to the bottom of the foot. The MTUS on page 9 states, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement," and on page 8 states: "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of naproxen. MTUS does not recommend continuing treatment if there is not a satisfactory response. The request is not medically necessary or appropriate.

TIZANIDINE 4MG 1 BID PRN #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 Muscle Relaxants Section, and the Pain Outcomes Section Page(s): 66, 8-9.

Decision rationale: According to the 9/25/13 orthopedic report,, the patient presents with 5/10 pain, with a shock like sensation going down the right leg with numbness and tingling to the bottom of the foot. MTUS on page 9 states, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement," and on page 8 states: "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of

life with the use of Tizanidine. MTUS does not recommend continuing treatment if there is not a satisfactory response. The request is not medically necessary or appropriate.

GABAPENTIN 600MG 1 BID #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drug Section and the Pain Outcomes Section Page(s): 16-18, 8-9.

Decision rationale: According to the 9/25/13 orthopedic report, the patient presents with 5/10 pain, with a shock like sensation going down the right leg with numbness and tingling to the bottom of the foot. The MTUS states for continued use of anti-epilepsy drugs such as Gabapentin there must be a 30% reduction in pain. The reporting did not mention a 30% reduction of pain with use of Gabapentin. The continued use of the AED Gabapentin without a 30% reduction of pain is not in accordance with MTUS guidelines. The request is not medically necessary or appropriate.