

Case Number:	CM13-0072361		
Date Assigned:	01/17/2014	Date of Injury:	12/29/2009
Decision Date:	04/28/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	12/30/2013

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 patient is an employee of [REDACTED] and has submitted a claim for cervical disk degeneration associated with an industrial injury date of December 29, 2009. A utilization review from December 20, 2013 denied the requests for tizanidine due to no support for long-term use and Prilosec due to no documentation of GI symptoms or risk factors. Thermacare, Norco, kidney function panel, and liver function panel were denied as well but reasons for denial were not made available. Treatment to date has included opioid and non-opioid pain medications and lumbar epidural steroid injection. Medical records from 2012 through 2013 were reviewed showing the patient complaining of cervical spine pain. The patient complains of associated headaches with radiation to the occipital area, which have mildly improved. The pain is rated at 7/10. There is reported numbness and tingling in the arms and weakness in the left arm. She has been taking omeprazole due to GI discomfort from the medications she takes. Kidney and liver function panel tests were requested for monitoring. Physical exam demonstrated decreased range of motion with pain for the lumbar spine and cervical spine. Tenderness was noted along the cervical paraspinal muscles.

IMR ISSUES, DECISIONS AND RATIONALES

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

TIZANIDINE TABLET 2MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, section on Muscle relaxants Page(s): 63,66.

Decision rationale: As stated on page 63 and 66 of the MTUS Chronic Pain Guidelines, tizanidine is FDA approved for the management of spasticity with an unlabeled use for low-back pain. Muscle relaxant efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the patient has been taking tizanidine since December 2012. The long-term use of this medication is not recommended and there is no extenuating circumstance to warrant variance from the MTUS Chronic Pain Guidelines. Therefore, the request for Tizanidine is not medically necessary and appropriate.

PRILOSEC DELAYED RELEASE 20MG #30: Upheld

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

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

Decision rationale: As stated on page 68 of the MTUS Chronic Pain Guidelines, proton pump inhibitors are recommended for patients who are at high risk for gastrointestinal events. In this case, the patient states that she gets GI discomfort with the medications she takes. Omeprazole is an appropriate medication for this complaint. However, the request does not specify a frequency of use. Therefore, the request for omeprazole is not medically necessary and appropriate.

THERMACARE PATCHES #50: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, section on Cold/Heat packs

Decision rationale: The Official Disability Guidelines state that cold/heat packs are recommended as an option for acute pain. In this case, the patient has chronic neck pain. However, there has been no discussion concerning an acute exacerbation of the chronic pain to warrant the use of these patches. In addition, there is no discussion as to why conventional hot/cold packs cannot suffice. Therefore, the request for Thermacare patches is not medically necessary and appropriate.

HYDROCODONE/APAP TABLET 7.5/300 1 TAB BID PRN #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment Guidelines, section on Opioids Page(s): 78.

Decision rationale: Page 78 of the MTUS Chronic Pain Guidelines states that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient has been on Norco since December 2012. However, the specific functional improvements such as improved ability to perform activities of daily living and decreased pain scores were not clearly documented in the latest progress notes. Therefore, the request for hydrocodone/APAP is not medically necessary.

KIDNEY FUNCTION PANEL: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Laboratory Safety Monitoring of Chronic medications in Ambulatory Care Settings," <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1490088/>.

Decision rationale: The CA MTUS does not address this request specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, "Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings" from literature was used instead. The literature states that a large proportion of patients receiving selected chronic medications did not receive recommended laboratory monitoring in the outpatient setting. Although there may be varying opinions about which tests are needed and when, the data suggest that failure to monitor is widespread across drug categories and may not be easily explained by disagreements concerning monitoring regimens. Further research is needed to determine to what degree these lapses in laboratory monitoring are associated with adverse clinical outcomes, to identify relevant methods to improve monitoring, and to clarify monitoring needs. In this case, the patient has been taking numerous medications since 2012 which includes opioid and non-opioid pain medications. However, there is no documentation concerning when the last metabolic panel was done or if this is the first time. Therefore, the request for kidney function panel is not medically necessary.

LIVER FUNCTION PANEL: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Laboratory Safety Monitoring of Chronic medications in Ambulatory Care Settings," <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1490088/>

Decision rationale: The CA MTUS does not address this request specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, "Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings" from literature was used instead. The literature states that a large proportion of patients receiving selected chronic medications did not receive recommended laboratory monitoring in the outpatient setting. Although there may be varying opinions about which tests are needed and when, the data suggest that failure to monitor is widespread across drug categories and may not be easily explained by disagreements concerning monitoring regimens. Further research is needed to determine to what degree these lapses in laboratory monitoring are associated with adverse clinical outcomes, to identify relevant methods to improve monitoring, and to clarify monitoring needs. In this case, the patient has been taking numerous medications since 2012 which includes opioid and non-opioid pain medications. However, there is no documentation concerning when the last metabolic panel was done or if this is the first time. Therefore, the request for liver function panel is not medically necessary.