MAXIMUS Federal Services

| Case Number: | CM13-0072636 | | |
|---|---|---|---|
| Date Assigned: | 01/17/2014 | Date of Injury: | 12/31/2009 |
| Decision Date: | 06/19/2014 | UR Denial Date: | 12/20/2013 |
| Priority: | Standard | Application Received: | 12/31/2013 |

## 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 Orthopedic Surgery 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 neck pain radiating towards the left shoulder and left scapular region associated with an industrial injury date of December 31, 2009. Treatment to date has included cervical spinal fusion C6-C7 on 01/10/11, bilateral carpal tunnel release with no date indicated, 6 visits of chiropractic care, and medications such as Prilosec, Zanaflex, Lidoderm patch, Voltaren gel, Norflex, and Norco. Medical records from 2012 through 2013 were reviewed, which showed that the patient complained of neck pain radiating towards the left shoulder and left scapular region described as continued tightness, pain and muscle spasm ranging from a scale of 5-9/10. Patient points to diffuse left shoulder region, scapula, left posterior and lateral neck to locate the pain. On physical examination, there was diffused tenderness along the left shoulder girdle musculature. Surgical scar was noted over the cervical region. Range of motion was limited by neck pain at the cervical area.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**PRILOSEC 20MG A DAY, #30, WITH 2 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PAIN-NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 68.

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Proton Pump Inhibitors (PPI) is supported in the treatment of patients with GI disorders or patients utilizing chronic NSAID therapy. In this case, the patient has been prescribed with Omeprazole since February 2013. She is likewise status-post gastric bypass surgery and is experiencing episodes of vomiting. Patient is currently on opioid regimen, with no concurrent NSAIDs. However, due to the presence of gastrointestinal symptoms, the medical necessity has been established. Therefore, the request for Prilosec 20mg a day, #90, with 2 refills is medically necessary and appropriate.

**ZANAFLEX 2MG A DAY, #30, WITH 2 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TIZANIDINE Page(s): 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , 9792.24.2, 63

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP); however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. In this case, the patient was prescribed with Tizanidine 6mg BID (#60) NTE 2/day last 11/14/13 (1 month to date). She is likewise being given Norflex, a skeletal muscle relaxant. There is no discussion why multiple muscle relaxants are needed which is not recommended. There was no documented acute flare-up of chronic low back pain necessitating such. Therefore, the request for Zanaflex 2mg a day, #30, with 2 refills is not medically necessary and appropriate.

**VALIUM 5MG, ONE HALF TABLET A DAY AS NEEDED, #15, WITH 2 REFILLS:** Upheld

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

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

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic

benzodiazepines are the treatment of choice in very few conditions. In this case, patient has been on Diazepam since 2012. It is being prescribed on as needed basis for muscle spasm if it is too severe even upon intake of Norflex. The patient was allowed intake of 20 tablets per month. However, there is no documentation regarding the actual frequency of intake reported by the patient. Furthermore, diazepam is not recommended for long-term use as stated by the guidelines. The medical necessity has not been established. Therefore, the request for Valium 5mg, one half tablets a day as needed, #45, with 2 refills is not medically necessary and appropriate.

**SIX (6) SESSIONS OF CHIROPRACTIC MANIPULATION:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines, manipulation therapy is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. The time to produce an effect is after 4 to 6 treatments. In this case, patient has persistent pain at the neck and left shoulder despite multiple oral medications. Manual therapy may be necessary in this case, however, the present request failed to specify the body part to be treated. Therefore, the request for six (6) sessions of chiropractic manipulation is not medically necessary and appropriate.