

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0002427 | | |
| Date Assigned: | 01/24/2014 | Date of Injury: | 04/20/2009 |
| Decision Date: | 06/09/2014 | UR Denial Date: | 12/16/2013 |
| Priority: | Standard | Application Received: | 01/07/2014 |

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 Anesthesiology, has a subspecialty in Pain Management 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 low-back pain, and bilateral groin pain associated with an industrial injury date of April 20, 2009. The treatment to date has included lumbar epidural steroid injection, use of a TENS unit, and medications such as Duragesic patch, Percocet, Zanaflex, Relafen, Prilosec, trazodone, and Neurontin. The medical records from 2013 were reviewed showing that patient had chronic back pain radiating to bilateral lower extremities and graded 9/10 in severity, relieved to 7/10 with medications. However, left leg is weaker than right. Physical examination showed tenderness in the paralumbar muscles. Right calf measured 40 cm, while the left was 39 cm. Motor testing was graded 4/5 on the left leg, 5/5 on the right. Gait was antalgic with dragging of the left leg. Patellar reflexes were trace. Achilles reflex was absent. The utilization review from December 16, 2013 denied the requests for Duragesic patches 50 mcg Q3D, #10; Zanaflex 4 mg PO b.i.d., #60; and Prilosec 20 mg p.o. qd, #13.

IMR ISSUES, DECISIONS AND RATIONALES

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

DURAGESIC PATCHES 50MCG Q3D #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47.

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

Decision rationale: Page 78 of the California MTUS Chronic Pain Medical Treatment Guidelines specify "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potential aberrant (or non-adherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." In this case, the patient was prescribed Duragesic since September 2013 due to persistence of back pain despite intake of multiple opioids and NSAIDs. Patient reported pain relief with its use documented by 9/10 in severity and decreased to 7/10. However, the functional gains, monitoring of adverse effects, and aberrant drug use were not documented. The guideline criteria for monitoring of the parameters were not met. California MTUS requires clear and concise documentation for ongoing opioid use. Therefore, the request for Duragesic Patches 50mcg Q3D #10 is not medically necessary.

ZANAFLEX 4MG PO BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67.

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

Decision rationale: According to page 63 of California MTUS Chronic Pain Medical Treatment Guidelines, recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, patient has been taking Zanaflex since January 2013; though long-term use is not recommended. In addition, there is no evidence of muscle spasm based on the most recent progress reports. Furthermore, medical records submitted do not show any evidence that the medication provided pain relief and if it improved functional activities. Therefore, the request for Zanaflex 4mg PO BID, #60 is not medically necessary.

PRILOSEC 20MG PO QD #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms.

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

Decision rationale: As stated on page 68 of California MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation;

concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. In this case, patient is on opioids and nabumetone. She was prescribed with Prilosec since January 2013. However, medical records submitted and reviewed do not indicate that he has gastrointestinal complaints. She likewise does not meet any of the aforementioned risk factors that warrant PPI use. The medical necessity has not been established. Therefore, the request for Prilosec 20mg PO QD #30 is not medically necessary.