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| Case Number: | CM14-0002468 | | |
| Date Assigned: | 01/24/2014 | Date of Injury: | 04/19/2004 |
| Decision Date: | 06/10/2014 | UR Denial Date: | 12/21/2013 |
| 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 Emergency Medicine and is licensed to practice in New York. 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 a 51-year-old male who was injured on April 19, 2004. The patient continued to experience pain in his neck, upper back, and bilateral shoulders. Physical examination was notable for morbid obesity with body mass index of 61.12, normal motor strength, and decreased sensation to medial hand bilaterally. MRI of the lumbar spine dated March 16, 2010 reported mild multilevel disc disease. MRI of the cervical spine dated May 5, 2010 showed small central protrusion C3-4 and C6-7 with mild narrowing of the central canal C5-6. Diagnoses included morbid obesity, multi-level cervical disc disease, complex regional pain syndrome of the left upper extremity, left wrist arthropathy, left shoulder arthropathy, and reactive depression. Treatment included psychotherapy, medications, and epidural steroid injections. Requests for authorization for referral to bariatric surgeon referral, zanaflex 4 mg # 90, and nexium 40 mg # 30 were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFERRAL BACK TO BARIATRIC SURGEON: 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 the Up-to-date Bariatric operations for management of obesity: Indications and preoperative preparation

Decision rationale: Indications for bariatric surgery are adults with body mass index (BMI) greater than or equal to 40 or BMI of 35-39.9 with at least one serious comorbidity. Prior to surgery the patient should have a presurgical psychological assessment, medical assessment, and an anesthetic risk assessment. In this case the patient's BMI was 61.12 which qualifies for bariatric surgery. Because the patient also suffered from diabetes and hypertension, a cardiac assessment for medical clearance was necessary. Nuclear stress test done in February 2013 was positive for cardiac ischemia. At the time of the request the medical clearance from the cardiologist had not been obtained. Therefore, the request for referral back to bariatric surgeon is not medically necessary and appropriate.

ZANAFLEX 4MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PAIN INTERVENTIONS AND GUIDELINES Page(s): 63, 65.

Decision rationale: Zanaflex is tizanidine, a muscle relaxant that acts centrally as an alpha₂-adrenergic agonist that is FDA approved for management of spasticity. Side effects include somnolence, dizziness, dry mouth, hypotension, weakness, and hepatotoxicity. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment (less than two weeks) of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. In this case the patient had been taking the Zanaflex since at least February 2013. The duration of use surpasses the recommended short-term duration of less than two weeks. Medical necessity has not been established. Therefore, the request for Zanaflex 4mg #90 is not medically necessary and appropriate.

NEXIUM 40MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PAIN INTERVENTIONS AND GUIDELINES Page(s): 68.

Decision rationale: Nexium is esomeprazole, a proton pump inhibitor (PPI). PPI's are used in the treatment of peptic ulcer disease and may be prescribed in patients who are using non-steroidal anti-inflammatory drugs and are at high risk for gastrointestinal events. Risk factors for high-risk events are age greater than 65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The patient in this case was using NSAID medication, but did not have any of the risk factors for a gastrointestinal event. Therefore, the request for Nexium 40mg #30 is not medically necessary and appropriate.