

<b>Case Number:</b>	CM14-0003395		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	03/14/2001
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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 Physical Medicine and Rehabilitation 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 injured worker is a 49-year-old male who reported an injury on 03/14/2001; the mechanism of injury was not provided. On 05/27/2014, the injured worker presented with low back pain and right lower extremity radiculopathy. He states that his current medication regimen controls his pain significantly. Upon examination, the injured worker had a slight flattening of the lumbar lordosis, and there was mild tenderness in the paraspinal musculature of the lumbar region and midline tenderness noted. There were no spasms noted to the lumbar region. There was a positive straight leg raise and an abnormal sensation test with pinwheel. Prior treatment included conservative therapy, stretching and ambulating as well as medications. The diagnoses were lumbalgia post multiple spinal surgeries, lumbar spine hardware removal, status post posterior lumbar fusion, status post anterior lumbar interbody fusion and status post IDET. The provider recommended acupuncture to the lumbar spine times 12, omeprazole, tizanidine, hydrocodone and alprazolam. He stated that the supplemental doses of breakthrough medications may be required for incidental pain. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture To The Lumbar Spine X12 Sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The request for acupuncture to the lumbar spine times 12 sessions is not medically necessary. The guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, and it must be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The frequency and duration of acupuncture, or acupuncture with electrical stimulation, may be performed in 3 to 6 treatments 1 to 3 times a week with an optimum duration of 1 to 2 months. The provider's request for acupuncture to the lumbar spine times 12 exceeds the guideline recommendations. The provided documentation does not indicate the amount of previous acupuncture treatments or the efficacy of the prior treatment. As such, the request is not medically necessary.

**Omeprazole 20 Mg -1 Twice Daily as Needed For Stomach Upset:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms & Cardiovascular risk Page(s): 68.

**Decision rationale:** The request for omeprazole 20 mg twice daily as needed for stomach upset is not medically necessary. According to the California MTUS Guidelines, proton pump inhibitors may be recommended for injured workers with dyspepsia secondary to NSAID therapy or for those taking NSAID medications who are at a moderate to high risk for gastrointestinal events. The included documentation did not indicate that the injured worker had gastrointestinal symptoms. It did not appear that the injured worker had a history of peptic ulcers, GI bleed or perforation, and it did not appear that the injured worker was at risk for gastrointestinal events. Additionally, the provider's request did not indicate the frequency of the medication or the quantity being requested. As such, the request is not medically necessary.

**Tizanidine 4 Mg #120 - 1 Every Night at Bedtime or 1 Every 12 Hours as Needed For Spasm:** 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 for pain Page(s): 63.

**Decision rationale:** The request for tizanidine 4 mg with a quantity of 120 for 1 every night at bedtime or every 12 hours as needed for spasms is not medically necessary. The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second-line option for the short-term treatment of acute exacerbations. They show no benefit beyond NSAIDs in pain and overall improvement, and the efficacy appears to diminish over time. Prolonged use of some medications in this class may lead to dependence. Upon examination of

the injured worker, the lumbar region was negative for muscle spasms. The guidelines recommend a short-term treatment of acute exacerbations with the use of tizanidine. The provider's request for tizanidine 4 mg with a quantity of 120 to be taken twice a day is equivalent to a 2 months' supply of medications. This exceeds the guideline recommendation for short-term treatment. As such, the request is not medically necessary.

**Hydrocodone /Apap 10/325 Mg -1 Every 6-8 Hours as Needed For Breakthrough Pain:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

**Decision rationale:** The request for hydrocodone/APAP 10/325 mg 1 every 6 to 8 hours as needed for breakthrough pain is non-certified. The California MTUS Guidelines recommend providing an ongoing indication on both the benefits and limitations of opioid treatment. The guidelines recommend that the lowest possible dose should be prescribed to improve pain and function. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The assessment should include the current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid and how long it takes for pain relief and how long the pain relief lasts. A satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function or improved quality of life. The documentation provided lacked evidence of the injured worker's failure to respond to nonopioid analgesics. The documentation lacked evidence of the efficacy of the medication and a complete and accurate pain assessment as well as aberrant behaviors. The provider's request does not indicate the quantity of the medication being prescribed. As such, the request is not medically necessary.

**Alprazolam Extended Release 1 Mg #30 -1 Every Night At Bedtime For Anxiety:** Upheld

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

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

**Decision rationale:** The request for alprazolam extended release 1 mg with a quantity of 30 for 1 every night at bedtime for anxiety is non-certified. The California MTUS Guidelines do not recommend the use of benzodiazepines for long-term use because long-term efficacy is unproven, and there is a risk of dependence. Most guidelines limit the use to 4 weeks. The injured worker has been prescribed alprazolam since at least 03/2014. The efficacy of the medication was not provided. Additionally, the request for alprazolam extended release with a quantity of 30 and frequency of 1 pill every night would exceed the guideline recommendation

of short-term therapy for the use of this medication. As such, the request is not medically necessary.