

Case Number:	CM14-0008706		
Date Assigned:	02/12/2014	Date of Injury:	08/19/2006
Decision Date:	07/24/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/23/2014

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 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 a 62-year-old female who has filed a claim for lumbar discopathy associated with an industrial injury date of August 19, 2006. Review of progress notes indicates neck, back, right knee, and right foot pain. Findings include tenderness over the cervical, thoracic, and lumbar paraspinals with mild spasm, guarding, and decreased ranges of motion; and slightly decreased right knee range of motion. The treatment to date has included non-steroidal anti-inflammatory drugs (NSAIDs), opioids, muscle relaxants, sedatives, topical creams, Toradol injection, physical therapy, and right knee arthroscopy in June 2008. A utilization review from January 08, 2014 denied the requests for omeprazole 20mg #100 as there was no documentation of gastric events, and tramadol ER 150mg #60 as there was no documentation regarding the level of pain necessitating the need for tramadol. There is modified certification for tizanidine 4mg for #20 as this is not recommended for long-term use, and weaning was initiated; and zolpidem 10mg for #10 as there was no documentation noting a diagnosis of insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63 & 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: As stated on CA MTUS 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. They may be effective in reducing pain and muscle tension, and increasing mobility. However, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. In this case, the patient has been on this medication since February 2013. However, there is no documentation of recent acute exacerbations of chronic pain. Also, this medication is not recommended for long-term use. Therefore, the request for tizanidine 4mg #60 is not medically necessary.

ZOLPIDEM 10 MG # 30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Ambien (zolpidem tartrate).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. According to the ODG, zolpidem is approved for the short-term (usually two to six weeks) treatment of insomnia. They may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. In this case, the patient has been on this medication since November 2011. However, there is no documentation describing symptoms of insomnia in the recent progress note. This medication is also not recommended for long-term use. Therefore, the request for zolpidem 10mg #30 is not medically necessary.

Omeprazole 20mg # 100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

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

Decision rationale: According to the CA MTUS guidelines, proton pump inhibitors (PPIs) are used in patients on non-steroidal anti-inflammatory drugs (NSAIDs) therapy who are at risk for gastrointestinal (GI) events. The risk factors includes age older than 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of acetylsalicylic acid (ASA), corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPI more than one year has been shown to increase the risk of hip fracture. In this case, the patient has been on this medication

since August 2012. There is no documentation of the abovementioned risk factors, or of upper GI symptoms. Therefore, the request for omeprazole 20mg #100 is not medically necessary.

TRAMADOL ER 150 MG # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; On-Going Management Page(s): 78-82.

Decision rationale: As noted in the CA MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the patient has been on this medication since November 2011. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication, or of periodic urine drug screens to monitor medication use. Therefore, the request for tramadol ER 150mg #60 is not medically necessary.