

Case Number:	CM14-0008825		
Date Assigned:	02/12/2014	Date of Injury:	07/21/2011
Decision Date:	06/27/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/22/2014

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 Pain 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 injured worker is a 45-year-old male with a date of injury of 5/6/2008. He is noted to have subjective complaints of daily neck pain and stiffness, with occasional radiating pain to the upper extremities and shoulders. He also has chronic low blood pressure with moderate to severe pain radiation into the right leg, associated with numbness. He underwent lumbar surgery with fusion, but did not get better. Additionally, he is diagnosed with right shoulder impingement (with restricted movements), psychiatric disorder, and multiple head surgeries for hemangiomas. The current medications include Motrin, Fexmid, Norco and Prilosec. Relevant objective findings included cervical and lumbar spine tenderness to palpation over paraspinals with myospasm, positive axial compression and shoulder depression tests. The cervical range of motion was: flexion 36, extension 18, side bending right/left 52/62, rotation right/left 26/21. The lumbar range of motion was: flexion 28, extension 10, side bending right/left 13/12. Hypoesthesia was observed along the bilateral L5 & S1 dermatomes. The provider had previously requested prescriptions for Fexmid 7.5mg # 60 (non-certified), Norco 2.5/325mg # 60 (modified to # 48 for gradual weaning), shower chair (non-certified) and spinal cord stimulator (non-certified).

IMR ISSUES, DECISIONS AND RATIONALES

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

ZANAFLEX: 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 MUSCLE RELAXANTS (FOR PAIN) Page(s): 63-66.

Decision rationale: The Chronic Pain Guidelines indicate that Tizanidine (Zanaflex) is a centrally acting alpha2-adrenergic agonist that is Food and Drug Administration (FDA) approved for the management of spasticity; and an unlabeled use for neck or low back pain or associated muscle spasm. There is no evidence of any neurological disorders associated with spasticity in this case. Therefore, the medical necessity of the request for Zanaflex is not established and thus is not medically necessary according to the guidelines.

RETROSPECTIVE REQUEST FOR PRILOSEC: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69.

Decision rationale: The Chronic Pain Guidelines indicate that proton pump inhibitor (PPI) medications such as Omeprazole (Prilosec) may be indicated for patients at risk for gastrointestinal events, which should be determined by the clinician: 1) greater than 65 years; (2) history of peptic ulcer, gastrointestinal (GI) bleeding or perforation; (3) concurrent use of Acetylsalicylic Acid (ASA), corticosteroids, and/or an anticoagulant; or (4) high dose/multiple non-steroidal anti-inflammatory medications (NSAID) (e.g., NSAID + low-dose ASA). The guidelines recommend GI protection for patients with specific risk factors; however, the medical records do not establish that the patient is at significant risk for GI events. Therefore, the medical necessity of Prilosec has not been established in accordance with the guidelines.

RETROSPECTIVE REQUEST FOR ULTRAM: 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 OPIOIDS AND, OPIOIDS FOR CHRONIC PAIN, WEANING OF MEDICATIONS Page(s): 74-75, 80, 124.

Decision rationale: The Chronic Pain Guidelines indicate that Tramadol (Ultram®) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic, it is indicated for moderate to severe pain. The guidelines also indicate that "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 potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The guidelines state opioids may be continued: (a) If the patient has

returned to work and (b) If the patient has improved functioning and pain." The medical records have not demonstrated that the requirements for continued opioid therapy have been met. Recommendation has previously been made for weaning. Chronic use of opioids is not generally supported by the medical literature. Opioids are considered a second-line treatment for several reasons: (1) head-to-head comparisons have found that opioids produce more side effects than TCAs and gabapentin; (2) long-term safety has not been systematically studied; (3) long term use may result in immunological and endocrine problems (including hypogonadism); (4) treatment may be associated with hyperalgesia; & (5) opioid use is associated with misuse/abuse. Therefore, the medical necessity of Tramadol has not been established. Per the guidelines, gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. As such, the request for Ultram is not medically necessary.