MAXIMUS Federal Services

| Case Number: | CM14-0009124 | | |
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| Date Assigned: | 01/29/2014 | Date of Injury: | 06/14/2013 |
| Decision Date: | 07/14/2014 | UR Denial Date: | 12/09/2013 |
| 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 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 patient is a 28-year-old who has submitted a claim for multilevel lumbar spine disc protrusions with annular fissuring, multilevel lumbar spine degenerative changes, and lumbar spine radiculopathy associated with an industrial injury date of June 14, 2013. Medical records from 2013 were reviewed. The patient complained of persistent low back pain, grade 6/10 in severity. It was characterized as constant, sharp, and achy. The pain radiates to the lower extremities, particularly down the lateral aspect of both thighs to just above the knee. Physical examination showed limited range of motion of the lumbar spine. The patient has a negative toe walk and positive heel walk. He has an upright posture and nonantalgic gait. MRI of the lumbar spine, dated October 16, 2013, revealed degenerative changes of the L4-L5 and L5-S1 levels, mild dextroscoliosis of the lumbar spine with the apex centered at the L2 level and with a cobb angle of 11 degrees; 6mm broad central protrusion with associated annular fissuring at the L4-L5 level; and 5mm broad central protrusion with associated annular fissuring at L5-S1. Treatment to date has included medications, physical therapy, home exercise program, and activity modification. Utilization review, dated December 9, 2013, denied the request for Naproxen 550mg BID #60 with 2 refills because there was no documentation of subjective or objective benefit from the use of the medication. The request for Omeprazole 20mg QD #30 with 2 refills was also denied because there was no documentation that would support that the patient has a gastrointestinal complaint or disorder. Tizanidine 4mg QHS #30 with 2 refills was denied as well because the documentation does not identify acute pain or an acute exacerbation of chronic pain.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**NAPROXEN 550 MG BID #60 WITH 2 REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen, NSAIDs Page(s): 66-67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), NSAIDs.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, naproxen is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain, and that there is no evidence of long-term effectiveness for pain or function. In addition, Official Disability Guidelines states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. In this case, the patient has been prescribed Naproxen since August 2013. Long-term use is not recommended. In the recent clinical evaluation, the patient still complains of low back pain. The medical records submitted did not document pain relief and functional improvement with naproxen use. Furthermore, the medical records submitted for review do not show evidence of osteoarthritis in the patient. The request for naproxen 550 mg, sixty count with two refills, is not medically necessary or appropriate.

**OMEPRAZOLE 20 MG, THIRTY COUNT WITH TWO REFILLS:** 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.

**Decision rationale:** Omeprazole is a proton pump inhibitor (PPI) that inhibits stomach acid production, used in the treatment of peptic ulcer disease and gastroesophageal reflux disease. According to page 68 of the Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are supported in the treatment of patients with GI disorders such as gastric/ duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. In this case, the patient has been on Omeprazole since August 2013. Omeprazole was given to protect the gastric mucosa. However, there was no subjective report that he was experiencing heartburn, epigastric burning sensation or any other gastrointestinal symptoms that will corroborate the necessity of a PPI. Recent progress reports did not report gastric symptoms and no documentation of GI disorders. The medical necessity has not been established.The request for omeprazole 20 mg, thirty count with two refills, is not medically necessary or appropriate.

**TIZANIDINE 4 MG QHS #30 WITH 2 REFILLS:** 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, Tizanidine Page(s): 63, 66.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, muscle relaxants (for pain) are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Acetaminophen and NSAIDs remain the first-line drugs for chronic pain. On page 66, Tizanidine is said to be FDA approved for the management of spasticity with an unlabeled use for low-back pain. Muscle relaxant 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 on Tizanidine since August 2013. The medication was given for muscle spasms that seem to be occurring at night. However, there were no subjective and objective findings that would show evidence of muscle spasms. Furthermore, there was no documentation of acute exacerbation for the patient's chronic low back pain. Moreover, long-term use of this medication is not supported by the guidelines. The request for tizanidine 4 mg, thirty count with two refills, is not medically necessary or appropriate.