

Case Number:	CM14-0013949		
Date Assigned:	02/26/2014	Date of Injury:	09/28/2011
Decision Date:	07/03/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/04/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 53-year-old female with a reported date of injury from 12/01/2010 through 09/28/2011. The injury was reported as a cumulative injury. Her diagnoses were reported as L5-S1 disc herniation with lumbar radiculopathy, status post lumbar surgery, status post right knee arthroscopy 01/23/2013, left knee internal derangement, hypertension, anxiety and depression, status post lumbar spine fusion at L5-S1 on 02/21/2012, status post left knee arthroscopy in 06/2003, status post hardware block on 10/12/2013, painful retained hardware, and status post posterior lumbar interbody fusion at L5-S1. Her previous treatments were noted to include physical therapy, aquatic therapy, surgeries, and pain medications. The physical examination dated 12/30/2013 reported diffuse tenderness along the incision of the lumbar spine, pain and discomfort noted with palpation and compression; otherwise, neurologic status was unremarkable. The provider reported on examination of the right knee, there was crepitus, pain, and some swelling on the lateral aspect of the knee; however, function was intact and neurovascular status revealed no specific radiculopathy. A urine drug screen was also obtained. The Request for Authorization Form dated 12/30/2013 was for tizanidine 4 mg #120 one by mouth every 12 hours as needed for muscle spasm; the Request for Authorization Form dated 12/30/2013 is for hydrocodone/APAP 10/325 mg #60 one by mouth every 4 to 6 hours as needed for pain, omeprazole 20 mg #60 one by mouth twice a day as needed for GI upset, and ibuprofen 800 mg #90 one by mouth twice a day for anti-inflammatory.

IMR ISSUES, DECISIONS AND RATIONALES

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

TIZANIDINE 4 MG # 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63.

Decision rationale: The request for tizanidine 4 mg #120 one by mouth every 12 hours as needed is non-certified. The injured worker has been taking tizanidine since 11/2013. The California Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. The guidelines state muscle relaxants may be effective for reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases they show no benefit beyond NSAIDs in pain and overall improvement. The guidelines also state efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. There is a lack of documentation regarding muscle spasms to necessitate the need for this medication. The injured worker has been taking this medication since 11/2013, and, therefore, this exceeds guideline recommendations. Therefore, the request is not medically necessary.

HYDROCODONE/APAP 10/325 MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ON-GOING MANAGEMENT Page(s): 78.

Decision rationale: The request for hydrocodone/APAP 10/325 mg #60 one by mouth every 6 to 8 hours as needed is non-certified. The injured worker has been taking this medication since 12/2012. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. There is a lack of evidence of decreased pain on a numerical scale with the use of medications. There is a lack of documentation regarding improved functional status with the use of this medication. There are no reports of side effects and a urine drug screen was performed on 12/30/2013; however, it is unclear as to whether the patient has had urine drug screens consistent with therapy. Therefore, due to the lack of evidence regarding significant pain relief, increased function, adverse effects, and without details regarding urine drug testing to verify appropriate medication use and the absence of aberrant behaviors, the ongoing use of opioid medications is not supported by the guidelines. Therefore, the request is not medically necessary.

OMEPRAZOLE 20 MG, # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

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

Decision rationale: The request for omeprazole 20 mg #60 one by mouth twice daily as needed is non-certified. The injured worker has been on ibuprofen since 11/2013. The California Chronic Pain Medical Treatment Guidelines state that NSAIDs are to be recommended for the lowest dose for the shortest period of time in injured workers with moderate to severe pain. The guidelines state that NSAIDs are recommended as a second line treatment after acetaminophen for acute exacerbations of chronic pain. The guidelines recommend that physician's need to determine if the injured worker is at risk for gastrointestinal events such as age greater than 65, history of peptic ulcer, gastrointestinal bleeding, or perforation, concurrent use of aspirin, corticosteroids, and/or perforation or high dose multiple NSAIDs. The injured worker had complained of medication dyspepsia in the use of ibuprofen. However, the previous NSAID request is non-certified. Therefore, the need for omeprazole is not warranted. Therefore, the request is not medically necessary.

IBUPROFEN 800 MG, # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

Decision rationale: The request for ibuprofen 800 mg #90 one by mouth twice a day is non-certified. The injured worker has been taking this medication since 11/2013. The California Chronic Pain Medical Treatment Guidelines recommend NSAIDs at the lowest dose for the shortest period of time in injured workers with moderate to severe pain. Acetaminophen may be recommended for initial therapy for injured workers with mild to moderate pain, and in particular for those with gastrointestinal, cardiovascular, or renal vascular risk factors. There is no evidence to recommend 1 drug in this class over another based on efficacy. The guidelines recommend NSAIDs as a second line treatment after acetaminophen for acute exacerbations of chronic pain. The guidelines also recommend NSAIDs as an option for short term symptomatic relief and there is inconsistent evidence for the use of these medications to treat long term neuropathic pain, but they may be useful in breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) and with neuropathic pain. There is a lack of documentation regarding the efficacy of this medication, improved function, and the injured worker has been taking this medication since 11/2013. Therefore, due to the lack of documentation regarding efficacy and the length of time this medication has been used, the medical need for ibuprofen is not warranted at this time. Therefore, the request is not medically necessary.