

Case Number:	CM14-0019817		
Date Assigned:	04/28/2014	Date of Injury:	10/17/2012
Decision Date:	07/08/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/18/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 [REDACTED] employee who has filed a claim for back contusion associated with an industrial injury of October 17, 2012. Thus far, the patient has been treated with lumbar transforaminal epidural steroid injection in November 2013, sacroiliac joint injection in October 2013, Norco, muscle relaxants, and compound creams. Review of progress notes indicated worsening low back pain with limited range of motion. There is worsening pain over the right buttock radiating to the posterolateral aspect of the right thigh with associated numbness and tingling. Findings include weakness of the right thigh, and pain upon palpation of the lumbar paraspinals and right sacroiliac joint with reproduction of shooting pain to the right lower extremity. There was positive Gaenslen's, Patrick Fabere, sacroiliac joint thrust, and Trendelenburg tests on the right, and positive straight leg raise tests bilaterally. Lumbar MRI from October 26, 2012 showed disc and spondylotic changes at L4-5 and L5-S1 with mild right lateral recess stenosis at L5-S1. Utilization review dated February 04, 2014 indicates that the claims administrator denied a request for Zanaflex as clarification regarding previously taken muscle relaxants and dosing frequency was needed; Norco as there was no objective pain assessment to justify use of this medication; and Axid as documentation did not show significant GI symptoms or intake of medications that may cause GI irritation.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 TABLETS OF ZANAFLEX 4MG: Upheld

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

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

Decision rationale: As stated on CA MTUS Chronic Pain Medical Treatment Guidelines page 63, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. They also show no benefit beyond NSAIDs in pain and overall improvement. In this case, there is no documentation as to when the patient started taking this medication. Given patient's date of injury, there is no clear documentation of medications taken to date. Also, there is no documentation regarding benefits derived from this medication. Therefore, the request for Zanaflex 4mg was not medically necessary per the guideline recommendations of MTUS.

60 TABLETS OF NORCO 10/325MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: As noted on page 79-81 of the 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, there is no documentation as to when the patient started taking Norco. Urine drug screen from October 2013 was negative for all drugs except acetaminophen. It is unclear whether patient is still taking this medication. There is also no documentation regarding the objective functional benefits derived from this medication. Therefore, the request for Norco 10/325mg was not medically necessary per the guideline recommendations of MTUS.

60 TABLETS OF AXID 300MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation <http://www.rxlist.com/axid-drug.htm>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Fda (AXID) <http://www.drugs.com/pro/axid.html>.

Decision rationale: CA MTUS does not specifically address this issue. Axid is nizatidine, a histamine H2 receptor inhibitor. Based on an online search, indications for use include treatment of active duodenal ulcer, endoscopically diagnosed esophagitis, and active benign gastric ulcer. In this case, there is no documentation that patient has any Gastrointestinal (GI) diagnoses or adverse GI symptoms. Patient is also not on medications such as chronic high-dose Non-

Steroidal Anti-Inflammatory Drugs (NSAID) to warrant use of this medication. Therefore, the request for Axid 300mg was not medically necessary per the guideline recommendations of FDA.