MAXIMUS Federal Services

Case Number:	CM14-0140256		
Date Assigned:	09/10/2014	Date of Injury:	06/10/2008
Decision Date:	11/05/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/29/2014

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 Anesthesiologist, Pain Medicine and is licensed to practice in Florida. 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 65-year-old female who reported an injury on 06/10/2008. The injured worker developed bilateral foot pain due to prolonged standing and walking. The injured worker complained of neck pain that radiated to the bilateral upper extremities, thoracic back pain, lower back pain that radiated to the bilateral lower extremities and muscle spasms to the lower back bilaterally. The injured worker rated her pain as 6- 7/10 in with medications, using the VAS. The diagnosis included cervical radiculopathy, lumbar radiculopathy, chronic constipation, gastroesophageal reflux disease, medication related dyspepsia, chronic pain sacroiliac on the right, status post pacemaker, and NSAID intolerance. Diagnostics included an x-ray of the lumbar spine, dated 06/07/2008; MRI of the lumbar spine, dated 07/17/2008, which revealed diffuse degenerative disc disease at the lumbar spine with multiple levels of bilateral neural foraminal narrowing, grade I spondylolisthesis at L4-5 secondary to severe hypertrophic facet disease, and spinal stenosis at L3-4 and L4-5; MRI of the cervical spine, dated 12/11/2008, revealed a 2 mm posterior disc/osteophyte complex at C6-7 with spinal canal narrowing to 8 mm. The electrodiagnostic studies, dated 02/04/2009, which included an abnormal nerve conduction study. The past treatments included medication. The objective findings, dated 07/09/2014, of the thoracic region noted tenderness in the bilateral paravertebral region. The physical findings for the lumbar examination revealed no gross abnormalities, spasms noted at L4-S1, tenderness noted upon palpation of the spinal vertebral area, L4-S1 levels. Range of motion of the lumbar spine was moderately limited secondary to pain. The sensory examination showed no changes since injured worker's last visit. Lower extremity flexor and extensor strength was unchanged from prior exam. Testing for sacroiliac joint function revealed a right sided positive faber/Patrick's test. The medications included pantoprazole, Senna/docusate, tizanidine, tramadol, lidocaine, Lyrica, and Medrox ointment. The treatment plan included refill

for the pantoprazole, tizanidine, lidocaine, and Medrox. The Request for Authorization, dated 09/10/2014, was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines, PainProton Pump Inhibitors

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

Decision rationale: The request for Pantoprazole 20 mg #60 is not medically necessary. The California MTUS Guidelines recommend a proton pump inhibitor for injured workers at risk for gastrointestinal events. The guidelines recommend that clinicians utilize the following criteria to determine the injured worker is at risk for gastrointestinal events: age greater than 65 years; history of peptic ulcer, GI bleed or perforations; concurrent use of aspirin, corticosteroids, and/or anticoagulants; or high dose/multiple NSAID use. The documentation for 07/09/2014 stated the injured worker had a diagnosis of gastroesophageal reflux disease, medication related dyspepsia; however, the clinician's note, provided 03/19/2014, indicated that the injured worker was being prescribed the pantoprazole. There was no diagnosis of gastrointestinal events or any complaints from the injured worker. The clinician's note, dated 05/14/2014, did not indicate that the injured worker had any complaints of any gastrointestinal events, no diagnosis of GERD and was prescribed pantoprazole. Additionally, the clinical notes from 07/09/2014 stated in the review of systems that included the gastrointestinal system "that no significant changes were noted". The request did not indicate a frequency. As such, the request is not medically necessary.

Tizanidine 2 mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Antispasticity/Antispasmodic drugs, T.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 66.

Decision rationale: The request for Tizanidine 2 mg #180 is not medically necessary. The California MTUS Guidelines recommend tizanidine (Zanaflex) as a non-sedating muscle relaxant with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. The clinical notes revealed the injured worker had been prescribed the tizanidine on 03/22/2014 and again on 07/09/2014. The guidelines recommend for short term treatment of acute exacerbations in patients with chronic low back pain. Additionally, the request is for 180 tablets, which exceeds the recommended guidelines. The request did not indicate the frequency. As such, the request is not medically necessary.

Lidocaine Hcl 2%Gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-113.

Decision rationale: The request for Lidocaine Hcl 2% Gel is not medically necessary. The California MTUS Guidelines state that topical compounds are largely experiment in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Additionally, any compounded that contains at least one drug that is not recommended is not recommended. The clinical note was not evident that the injured worker had failed any antidepressant or anticonvulsant medications. Additionally, any compounded that contains at least one drug that is not recommended is not recommended. The request did not indicate the frequency, the dosage, or duration. As such, the request is not medically necessary.

Medrox Ointment 0.05-20-7%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Salicylate Topicals Page(s): 105, 112-113,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The request for Medrox Ointment 0.05-20-7% is not medically necessary. The California MTUS Guidelines state many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. The guidelines do not recommend the Medrox ointment related to the components. The request did not indicate the frequency or duration. As such, the request is not medically necessary.