

<b>Case Number:</b>	CM14-0144332		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	11/02/2000
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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 Emergency Medicine and is licensed to practice in Texas. 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 56-year-old female who reported an injury on 11/02/2000. The mechanism of injury was not submitted for clinical review. The diagnoses included lumbar fusion, moderate spinal stenosis, and intervertebral disc disorder without myelopathy. Previous treatments included medications and epidural steroid injections. The medication regimen included Norco, Tramadol, Tizanidine, Relafen, Prilosec, Colace, Cymbalta, and Temazepam. In the clinical note dated 07/16/2014 it was reported the injured worker complained of low back pain. Upon physical examination, the provider noted the injured worker had minimal tenderness to the lumbar paraspinal muscles. The provider requested Norco, Tramadol, Zanaflex, Relafen, Colace, and Prilosec. However, the rationale was not provided for clinical review. The Request for Authorization was submitted and dated 07/29/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Norco 5/325mg #120 for DOS 7/16/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to discontinue Opioids Page(s): 106.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

**Decision rationale:** The retrospective request for Norco 5/325 mg #120 for date of service 07/16/2014 is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The provider did not document and adequate and complete pain assessment within the documentation. Additionally, the use of a urine drug screen was not submitted for clinical review. Therefore, the request is not medically necessary.

**Retrospective Tramadol ER 150mg #120 for DOS 7/16/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to discontinue Opioids Page(s): 106.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

**Decision rationale:** The retrospective request for Tramadol ER 150 mg #120 for date of service 07/16/2014 is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The provider did not document and adequate and complete pain assessment within the documentation. Additionally, the use of a urine drug screen was not submitted for clinical review. Therefore, the request is not medically necessary.

**Retrospective Zanaflex 4mg #120 for DOS 7/16/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 89.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 64.

**Decision rationale:** The retrospective request for Zanaflex 4 mg #120 for date of service 07/16/2014 is not medically necessary. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for the short treatment of acute exacerbations in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. The request submitted failed to provide the frequency of the medication. The injured worker has been utilizing the medication since at least 07/2014, which exceeds the guideline recommendations of short term use of 2 to 3 weeks. Additionally, the clinical documentation does not provide the efficacy of the medication as evidenced by significant functional improvement. Therefore, the request is not medically necessary.

**Retrospective Relafen 750mg #120 for DOS 7/16/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 66-67.

**Decision rationale:** The retrospective request for Relafen 750 mg #120 for date of service 07/16/2014 is not medically necessary. The California MTUS Guidelines recommend nonsteroidal anti-inflammatory drugs at the lowest dose for the shortest period of time. The guidelines note NSAIDs are recommended for the signs and symptoms of osteoarthritis. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

**Retrospective Colace 100mg #160 for DOS 7/16/2014: 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, criteria for use Page(s): 77.

**Decision rationale:** The retrospective request for Colace 100 mg # 160 for DOS 07/16/2014 is not medically necessary. The California MTUS guidelines recommend prophylactic therapy for constipation while in the therapeutic phase of opioid therapy. The injured worker's injury was noted to be in 2000 which would exceed the injured workers therapeutic phase of opioid therapy. The request submitted failed to provide the frequency of the medication. Additionally, the injured workers opioid medication has not been authorized. Therefore, the current request for Colace is also not medically necessary.

**Retrospective Prilosec 20mg #60 for DOS 7/16/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The retrospective request for Prilosec 20 mg #60 for date of service 07/16/2014 is not medically necessary. The California MTUS Guidelines note proton pump inhibitors such as Prilosec are recommended for injured workers at risk for gastrointestinal events and/or cardiovascular disease. The risk factors gastrointestinal events include: over the age of 65; history of peptic ulceration, gastrointestinal bleeding, or perforation; and use of

corticosteroids and/or anticoagulants. In the absence of risk factors for gastrointestinal bleeding events, proton pump inhibitors are not indicated when taking NSAIDs. The treatment of dyspepsia from NSAID usage includes stopping the NSAID, switching to a different NSAID, or adding an H<sub>2</sub> receptor antagonist or proton pump inhibitor. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, there was a lack of documentation indicating the injured worker had a diagnosis of dyspepsia secondary to NSAID therapy. Therefore, the request is not medically necessary.