

Case Number:	CM14-0150914		
Date Assigned:	09/19/2014	Date of Injury:	04/18/2006
Decision Date:	12/02/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/16/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 57 year-old female with the date of injury of 04/18/2006. The patient presents with pain in her neck and lower back. The one report provided by the provider contains little information about the patient's condition. The provider's report states: "Subjective complaints: The patient's condition is unchanged. Medications have been helpful in keeping her active." The provider's diagnosis is disc disease at C6-7 with right upper extremity, radiculitis, and disc disease. The utilization review determination being challenged is dated on 09/03/2014. ■■■■■ the requesting provider and he provided one treatment report on 05/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment of dyspepsia secondary to NSAID therapy Page(s): 69.

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

Decision rationale: The patient presents with pain and weakness in her neck and lower back. The request is for Prilosec 20mg #120. MTUS guidelines page 69 recommends prophylactic use

of PPI's when appropriate GI assessments have been provided. The patient must be determined to be at risk for GI events, such as age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The provider's report does not even show that the patient is on any NSAIDs. There is no documentation of any GI problem such as GERD or gastritis to warrant the use of PPI either. Therefore, this request is not medically necessary.

Norco 7.5/325mg, #90, 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for continuation of opioid therapy Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 88,89,76-78.

Decision rationale: The patient presents with pain and weakness in her neck and lower back. The request is for Norco 7.5/325mg, #90, 2 refills. MTUS guidelines page 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The provider report does not show discussion specific to this medication. There are no four A's discussed. No opiate management including urine toxicology, CURES report discussion. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. Therefore, this request is not medically necessary.

Zanaflex 4mg #30, 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 64-66.

Decision rationale: The patient presents with pain and weakness in her neck and lower back. The request is for Zanaflex 4mg #30, 2 refills. MTUS guidelines page 64-66 recommend muscle relaxants as a short course of therapy. Page 66 specifically discusses Tizanidine (Zanaflex, generic available) and supports it for low back pain, myofascial and fibromyalgia pain. The provider's report does not show discussion specific to this medication. There is no indication of exactly when the patient began taking Zanaflex or how Zanaflex has been helpful in terms of decreased pain or functional improvement. MTUS page 60 requires recording of pain and function and medications are used for chronic pain. Therefore, this request is not medically necessary.