

Case Number:	CM14-0157438		
Date Assigned:	09/30/2014	Date of Injury:	07/26/1999
Decision Date:	11/04/2014	UR Denial Date:	09/20/2014
Priority:	Standard	Application Received:	09/25/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and low back pain with derivative complaints of depression, anxiety, dizziness, and headaches reportedly associated with an industrial injury of July 26, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 20, 2014, the claims administrator failed to approve a request for omeprazole, Norco, and Zanaflex. The applicant's attorney subsequently appealed. In a September 2, 2014 progress note, the applicant was given refills of Norco, Zanaflex, and omeprazole. It was stated that omeprazole is being employed to combat issues with dyspepsia associated with medication usage, including Norco usage. The applicant was given hydrochlorothiazide for hypertension purposes and asked to consult a psychiatrist for her mental health issues. Permanent work restrictions were renewed. It did not appear that the applicant was working with said permanent limitations in place. Highly variable 3-8/10 pain was noted. The applicant was having difficulty performing activities of daily living as basic as gripping, grasping, and writing, it was acknowledged, owing to various hand pain complaints. In a July 8, 2014 progress note, the applicant was again described as having issues with depression, anxiety, and bilateral wrist pain, 3-6/10. While the attending provider stated that usage of omeprazole was attenuating some of the applicant's symptoms of dyspepsia, there was no explicit discussion of efficacy insofar as either Norco or Zanaflex was concerned on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic. Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as omeprazole are indicated to combat issues with NSAID-induced dyspepsia. In this case, the applicant is apparently experiencing analogous issues with opioid-induced dyspepsia. These issues have apparently been attenuated, to some degree, with usage of omeprazole, the attending provider has posited. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.

Norco: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant does not appear to be working with permanent work restrictions in place. The attending provider has failed to outline any material improvements in function achieved as a result of ongoing Norco usage. The information on file suggested that the applicant is having difficulty performing even basic activities of daily living, such as gripping and grasping, despite ongoing usage of Norco. Therefore, the request is not medically necessary.

Zanaflex 2 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation ODG: Pain, Chronic

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine/Zanaflex section.MTUS 9792.20f Page(s): 66; 7.

Decision rationale: While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tizanidine or Zanaflex is FDA approved in the management of spasticity and can be employed off-label for low back pain, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the

effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant is off of work. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit. Ongoing usage of Zanaflex has failed to curtail the applicant's dependence on opioid agents such as Norco. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request is not medically necessary.