

Case Number:	CM14-0158585		
Date Assigned:	10/07/2014	Date of Injury:	04/02/2010
Decision Date:	11/03/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/26/2014

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 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 injured worker is a 52-year-old female who reported an injury on 04/02/2010 while working at [REDACTED], she slipped and fell on an oily wet floor and impacted her neck on a wire rack. The injured worker complained of multilevel spinal pain and dysfunctional movement pattern. The injured worker complained of neck pain, headaches, right shoulder pain, and right ankle and right foot pain. The MRI dated 12/16/2011 revealed a 2 mm at C3-4 and C5-6 disc bulge, and 3 to 4 mm disc bulge at C6-7. The CAT scan dated 04/19/2010 to the brain was unremarkable. The x-ray dated 12/16/2011 of the right ankle and right foot revealed postsurgical screws at the 2nd metatarsal base with bone spurring of the distal cuneiform and proximal metatarsal bones. The MRI dated 12/16/2012 of the right shoulder revealed supraspinatus and infraspinatus and subscapularis tendinitis; otherwise negative. The electromyogram of the right upper shoulder, dated 10/15/2012, was within normal limits. Prior treatments included cervical facet injection dated 11/09/2012, medications, and physical therapy. The medications included Norco 10/325 mg, Zanaflex 4 mg, Prilosec 20 mg, promethazine 25 mg, Naproxen 550 mg, Ambien 5 mg, Zoloft, Cymbalta, Adderall and Lamictal. The injured worker rated her pain at 8/10 without medications and a 4/10 with medications, using the VAS. The objective findings dated 08/27/2014 revealed tenderness throughout the cervical and upper trapezius muscles and pain with range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 (date of service 8/27/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for a therapeutic trial of opioids and Opioids fo.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78, 94.

Decision rationale: The request for Norco 10/325 mg #120 (date of service 08/27/2014) is not medically necessary. The California MTUS Guidelines recommend short acting opioids, such as Norco, for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's (including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). There should be documentation of objective functional improvement, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opioids should not exceed 120 mg of oral morphine equivalents per day. The guidelines also recommend a current urine drug test and attempt at weaning/tapering. The clinical notes were not evident of a current urine drug test or an attempt at weaning/tapering of the medication. The request did not indicate a frequency. As such, the request is not medically necessary.

Zanaflex 4mg #60 (date of service 8/27/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary last updated 08/04/2014

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

Decision rationale: The request for Zanaflex 4 mg #60 (date of service 08/27/2014) is not medically necessary. The California MTUS Guidelines recommend Tizanidine (Zanaflex) as a non-sedating muscle relaxants with caution as a second line option for the short term treatment of acute exacerbations in patients with chronic lower back pain. The clinical notes indicated that the injured worker was on a routine regimen for the Zanaflex. The guidelines indicate a second line option for the short term treatment only for acute exacerbations. The request did not indicate a frequency. As such, the request is not medically necessary.

Prilosec 20mg #60 (date of service 8/27/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Page(s): 69.

Decision rationale: The request for Prilosec 20 mg #60 (date of service 08/27/2014) is not medically necessary. The California MTUS recommends proton pump inhibitors for the

treatment of dyspepsia secondary to NSAID therapy. There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after the treatment duration has not been established. Routine blood pressure monitoring is recommended. The documentation did not indicate that the injured worker had a peptic ulcer or gastrointestinal issues, or has had any lab work performed. As such, the request is not medically necessary.

Promethazine 25mg #60 (date of service 8/27/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, promethazine

Decision rationale: The request for promethazine 25 mg #60 (date of service 08/27/2014) is not medically necessary. The Official Disability Guidelines do not recommend this medication for nausea and vomiting secondary to chronic opioid use. The request did not indicate the frequency. As such, the request is not medically necessary.

Naproxen 550mg #120 (date of service 8/27/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID'S Page(s): 70.

Decision rationale: The request for Naproxen 550 mg #120 (date of service 08/27/2014) is not medically necessary. The California MTUS Guidelines recommend periodic lab monitoring of a chemistry profile (including liver and renal function tests). The guidelines recommend measuring liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Routine blood pressure monitoring is however, recommended. The clinical notes did not indicate the injured worker had had a chemistry profile performed. The request did not indicate frequency. As such, the request is not medically necessary.

Ambien 5mg #30 (date of service 8/27/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary last updated 08/04/2014, Zolpidem (Ambien), and on the Non-MTUS Mosby's Drug Consult, Zolpidem tartrate (Ambien)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Zolpidem

Decision rationale: The request for Ambien 5 mg #30 (date of service 08/27/2014) is not medically necessary. The Official Disability Guidelines indicate Zolpidem (Ambien) is appropriate for the short term treatment of insomnia, generally 2 to 6 weeks. The clinical notes indicated that the injured worker was prescribed the Ambien in the 04/02/2014 clinical note, exceeding the 4 to 6 week time frame. The request did not indicate a frequency. As such, the request is not medically necessary.