

Case Number:	CM14-0159957		
Date Assigned:	10/03/2014	Date of Injury:	10/25/1999
Decision Date:	11/14/2014	UR Denial Date:	09/13/2014
Priority:	Standard	Application Received:	09/29/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Alabama, New York and Maryland. 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 56-year-old male with a date of injury of 10/25/1999. He is status post posterior lumbar fusion surgeries at multiple levels and continues to have radiculopathy. On his visit on 8/27/2014, the patient reported continued pain reduction and improved function with medications. However, he complained of increasing low back and lower extremity pain which was burning and radiating and was aggravated with walking and prolong standing and sitting, along with bilateral lower extremity weakness without any bowel and bladder symptoms. He does however state that his current medications are helpful with his pain and functionality. He has been compliant with his medication, has not shown any signs of drug dependence, and has signed a pain medication agreement. On physical exam, he is noted to have antalgic gait, and in moderate discomfort. On palpation he was noted to have lumbar paraspinal tenderness along with a few muscle spasms. Some weakness in his lower extremities was noted. The provider submitted a prospective request for prescriptions for Norco 10/325mg, Morphine ER, Tizanidine, and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Long Term Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-96.

Decision rationale: The CA MTUS guidelines recommend the continuation of opioids such as Norco when there is a significant functional improvement, such as meaningful decrease in pain, medication intake, or work limitation with increased functionality. In this case, the patient's pain has not been well controlled on this medication and the continuation of Norco along with other opioids such as Morphine ER would not be beneficial for his chronic pain management. Therefore, the current request is not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Chapter, Proton Pump Inhibitors (PPIs) Section

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

Decision rationale: According to the evidence-based guidelines, the use of a proton pump inhibitor (PPI) is indicated for treatment of gastrointestinal symptoms in conjunction with prolonged and continuous use of non-steroidal anti-inflammatory medications (NSAIDs). Reportedly, the prolonged use of NSAIDs may increase both gastrointestinal and cardiovascular risk factors. Prophylactic use of this medication is not recommended for patients without any risk factors. According to this patient's medical records, there are no complaints of any GI complications or symptoms. Therefore, the request without any evidence or history of GI symptoms is not medically necessary.

Tizanidine 4mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (For pain) Page(s): 63-66.

Decision rationale: The CA MTUS guidelines recommend the use of Tizanidine, a muscle relaxant, primarily for short-term management of spasticity and myofascial pain syndrome of acute flare-ups of back pain. The efficacy of muscle relaxant medications appears to diminish over time, and prolong use of some medications in this class may lead to dependence. The side effects include drowsiness, dizziness, dry mouth, hypotension, weakness, as well as hepatotoxicity. Patient complained of chronic symptoms that worsened despite the current medication regimen. Therefore, due to adverse side effects and reduced efficacy of chronic intake of this medication, the request would not be medically necessary.