

Case Number:	CM14-0172571		
Date Assigned:	10/23/2014	Date of Injury:	08/15/2000
Decision Date:	12/05/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/20/2014

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 Family Practice 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:

This is a 53-year-old female claimant who sustained a work injury on April 19, 2003 involving the low back, knee, shoulders and wrist. She was diagnosed with a supraspinatus and tear in the left shoulder, bilateral carpal tunnel syndrome and a bulging disc in the lower lumbar spine. In addition she had chondromalacia of the right knee. Her progress note on May 9, 2014 indicated the claimant had tenderness in the elbows as well as a positive Tinel sign in both wrists and a burning sensation in both legs with radiating pain from the low back. The claimant was on Vicodin, Zanaflex and Prilosec at the time. Progress note on September 26, 2014 indicated similar symptoms. Objective findings were similar to previous examinations. The neurologic exam was unremarkable. At this point a Phalen's test was positive in both wrists. The claimant remained on Vicodin for pain, Zanaflex for muscle spasms and Prilosec for gastrointestinal irritation protection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300 mg #60, refills 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: Vicodin is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, opioids are not indicated at 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on NSAIDS. There was no indication of Tylenol failure. There is also no opioid contract or pain scale assessment. The use of Vicodin is not medically necessary.

Zanaflex 4 mg #30, refill 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the guidelines, Zanaflex is approved for spasms but unlabeled for back pain. Muscle relaxants are caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. They show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the claimant had been on Zanaflex for months. There is no indication for continued long-term use. Zanaflex is not medically necessary.

Prilosec 20 mg #30, refill 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Therefore, the continued use of Prilosec is not medically necessary.