

Case Number:	CM14-0020920		
Date Assigned:	05/05/2014	Date of Injury:	05/12/2009
Decision Date:	07/09/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/19/2014

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 Internal 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 patient is a 44 year old female with a workers comp injury in 2009 who developed chronic pain. In a PR2 from 8/27/13 her treating doctor noted that she had depression, lumbar pain, sciatica, paresthesia, anxiety, myalgia, and muscle spasm. It was noted that acupuncture was beneficial for her pain. She was noted to have pain on palpation of her right SI joint, lumbosacral joint, facet joint, and lumbar spine. She was diagnosed with chronic pain syndrome and was given toradol. On 10/14/12 another PR2 notes mild weakness and numbness on the left S1 joint and a positive straight leg raise test. A 12/16/13 PR2 notes that PT helps the pain in the lower back and the left lower extremity. The pain is graded as 6-7 /10. Medicines were noted to help and refill for naproxen, menthoderm topical, Zanaflex, Ultram, and Protonix was given. The last noted PR2 was from 2/5/14 and stated that the pain was the same and MRI had not yet been done. Again the pain radiated from the lower back to the left lower extremity and was a 6-7/10. It was noted that meds helped and refill was sought. Objective exam showed reflexes, sensory, and motor intact except for mild weakness and numbness in on the left S1 and that straight leg test was positive. Antalgic gait was noted as well as lumbar tenderness. L-S spine ROM was noted to be 30%. MRI was still being sought. No mention of pain exacerbation of the chronic lumbar pain was noted in the record review nor was the use of acetaminophen mentioned.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN SODIUM 550MG, #90: 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 MED TREATMENT REVIEW Page(s): 67-69.

Decision rationale: The guidelines state that Naprosyn and NSAID's in general are indicated for acute exacerbation of pain and should be avoided in the treatment of chronic pain and should be a second line drug after the use of acetaminophen because of fewer side effects. NSAID's have been implicated in cardiac, GI, renal side effects and high blood pressure. A Cochrane study confirmed the above and a Maroon study stated that NSAID's may actually delay healing of all soft tissue if given on a chronic basis. It is noted that in the above case there is neither a presentation of acute pain exacerbation or the prior use of acetaminophen and that naproxen was intended to be used on a chronic basis. The request is not medically necessary and appropriate.

MENTHODERM OINTMENT 120ML: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MED TREATMENT Page(s): 111.

Decision rationale: The above mentioned guidelines mention that topical analgesics such as the above mentioned medication exert their work locally under the skin where it is applied and that there is little research to support the use of any of these agents. It was noted that their main application is in neuropathic pain when antidepressant and anticonvulsant medicine have failed. There is no evidence of the use of anticonvulsant medicine in the chart review. There is a mention of the use of zoloft but not cymbalta which is the antidepressant most equated with pain control in chronic pain patients. The request is not medically necessary and appropriate.

TIZANIDINE 4MG, #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MEDICINE TREATMENT Page(s): 63 AND 66.

Decision rationale: Tizanidine or Zanaflex, is a antispasmodic that is used to relieve muscle strains. The guidelines note that in general, muscle relaxants should be a second line drug and should be used in acute exacerbations and are usually of no benefit. They are noted to have decreased efficacy with time and may lead to addiction. Zanaflex in particular treats spasticity and its use in lumbar pain is an unlabeled use. Side effects include somnolence and a caution for driving and use of equipment which could be dangerous and monitoring of live enzymes. The use

of acetaminophen or anticonvulsant pain meds or cymbalta would have been a better choice at this time of treatment. None of these meds had been utilized according to the record review. The request is not medically necessary and appropriate.

PANTOPRAZOLE 20MG, #60: Upheld

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 PAIN MED RX DISCUSSING THE USE OF NAPROXEN Page(s): 68.

Decision rationale: It is noted in the guidelines that Proton Pump Inhibitors, (PPI's) such as protonix or misoprostal should be used with NSAID's such as naproxen in patients with intermediate risk of GI side effects in order to be gastroprotective. However, the long term use of this med is not without side effects such as the increased risk of hip fracture. Also, it is not mentioned in the record that the patient has any symptoms of nausea or emesis of heartburn which could put the patient at increased risk for GI complications, therefore there is no clear clinical indication for the use of this medicine. The request is not medically necessary and appropriate.