

<b>Case Number:</b>	CM14-0032532		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	02/14/2002
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 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 male with a reported date of injury on 02/14/2002. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with back stiffness, radicular pain in the right and left legs, and hip pain. Upon physical examination, the injured worker's deep tendon reflexes were revealed as normal. Lumbosacral spine exam revealed pain to palpation over the L4-L5 and L5-S1. According to the documentation provided for review, the injured worker has undergone status post ACL (Anterior Cruciate Ligament) reconstruction, lumbar spine status post fusion at L5-S1, and hardware removal in 2012. In addition, the physician noted the injured worker was returned to work without restrictions. Prior physical therapy and conservative care were not provided within the documentation available for review. The injured worker's diagnoses include status post-surgical intervention in 2011 with ACL (Anterior Cruciate Ligament) reconstruction, lumbar spine L5-S1 disc herniation, and right knee pain. The injured worker's medication regimen included Ambien, Inderal, methadone, naproxen, Neurontin, Norco, Nuvigil, Omeprazole, and Zanaflex. The Request for Authorization for 30 capsules of Omeprazole 20 mg with 3 refills between 02/11/2014 and 03/28/2014 and 120 tablets of Zanaflex 4 mg with 3 refills between 02/11/2014 and 03/28/2014 was submitted on 03/13/2014. The rationale for the request was not provided within the clinical information available for review

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 Capsules of Omeprazole 20mg with 3 refills between 2/11/2014 and 3/28/2014: 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 NSAIDS, GI symptoms & Cardiovascular Risk Page(s): 68.

**Decision rationale:** The California MTUS Guidelines state injured workers with the risk of gastrointestinal events are recommended to use proton pump inhibitors. To determine if the injured worker is at risk for gastrointestinal events, documentation should include that the injured worker is greater than 65 years of age, with a history of peptic ulcer, GI (Gastro Intestinal) bleeding, or perforation, concurrent use of aspirin, corticosteroids, and/or an anticoagulant, or high dose multiple Non-Steroid Anti-Inflammatory Drugs (NSAIDs) use. Injured workers with a risk for gastrointestinal events are recommended to utilize a proton pump inhibitor. Long term PPI (proton pump inhibitor) use has been shown to increase the risk of hip fracture. According to the documentation provided for review, the injured worker has utilized Omeprazole prior to 10/04/2014. There is a lack of documentation related to the use of Omeprazole. There is a lack of documentation related to peptic ulcer, GI bleeding, or perforation. The clinical information provided for review lacks documentation of GI symptoms or gastrointestinal events. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the request for Omeprazole 20mg Capsules #30 with 3 refills is not medically necessary and appropriate.

**120 Tablets of Zanaflex 4mg with 3 refills between 2/11/2014 and 3/28/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain), Antispasticity/Antispasmodic Drugs: Zanaflex Page(s): 63 and 66.

**Decision rationale:** The California MTUS Guidelines state that muscle relaxants are recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond Non-Steroid Anti-Inflammatory Drugs (NSAIDs) in pain and overall improvement. Effectiveness appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In addition, the guidelines state that Zanaflex is approved for management of spasticity; unlabeled use for low back pain. The clinical information provided for review indicates that the injured worker has utilized Zanaflex prior to 10/04/2013. There is a lack of documentation related to the therapeutic benefit of the ongoing, long term utilization of Zanaflex. In addition, there is a lack of documentation related to previous physical therapy or other conservative care. Guidelines recommend muscle relaxants as a second line option for short term treatment of acute exacerbations. There is a lack of documentation that the injured worker has had a new injury or exacerbation of previous injury. In addition, the guidelines state that the effectiveness appears to diminish over time; prolonged

use of some medications in this class may lead to dependence. The continued use of zanaflex exceeds the recommended guidelines. Therefore, the request for Zanaflex 4mg Tablets #120 with 3 refills is not medically necessary and appropriate.