

<b>Case Number:</b>	CM14-0039888		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	01/15/2002
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 Occupational 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 69-year-old female who has submitted a claim for psychogenic pain not otherwise specified, associated with an industrial injury date of January 15, 2002. Medical records from 2013-2014 were reviewed. The patient complained of flare-ups of low back, bilateral lower extremities pain, and bilateral knee pain. Low back pain was rated 6/10, radiating to the right anterior thigh and lateral calf. Physical examination showed an antalgic gait favoring the right. The diagnoses were chronic pain syndrome, knee osteoarthritis, thoracic neuritis, lumbar herniated nucleus pulposus, lumbar degenerative disc disease, lumbar intervertebral disc displacement, and lumbar radiculopathy. The treatment plan includes a request for omeprazole and Zanaflex. Treatment to date has included oral and topical analgesics, muscle relaxants, a home exercise program, a functional restoration program, psychology sessions, and AFP aftercare.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20 mg 30 Capsules:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines proton pump inhibitors.

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

**Decision rationale:** According to page 68 of the California MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors (PPIs) should be prescribed in patients on NSAID therapy who are at risk for GI events. Risk factors includes age over 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPIs over 1 year has been shown to increase the risk of hip fracture. Patients with intermediate or high risk factors should be prescribed proton pump inhibitors. In this case, omeprazole intake was noted as far back as August 2013 due to gastritis induced by oral NSAIDs. However, there was no documentation of current oral NSAID intake or gastrointestinal issues based on the most recent progress reports. Moreover, there was no indication of increased risk for developing gastrointestinal events. The guideline recommends PPI use for those with intermediate or high risk factors. The medical necessity has not been established. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request is not medically necessary.

**Zanaflex 4mg 60 Tablets:** Upheld

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

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

**Decision rationale:** According to pages 63-66 of the California MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, Zanaflex intake was noted as far back as October 2013. However, the medical records do not clearly reflect continued functional benefit from its use. Moreover, muscle spasm and acute exacerbation of pain were not evident in the most recent progress reports. The guidelines do not recommend long-term use of muscle relaxants. The medical necessity for continued use has not been established. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request is not medically necessary.

**Flector Patches 1.3% # 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Flector Patches; [FDA [http://www.rxlist.com/cgi/generic/flector-patch\\_ids.htm](http://www.rxlist.com/cgi/generic/flector-patch_ids.htm) ], Official Disability guidelines- Treatment for Workers' Compensation, Online Edition Chapter; Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal Anti-inflammatory Agents (NSAIDs) Page(s): 111-112.

**Decision rationale:** According to pages 111-112 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical NSAIDs have been shown in meta-analysis to be superior to

placebo during the first two weeks of treatment for osteoarthritis, but either not afterward or with a diminishing effect over another two-week period. Indications for topical NSAIDs include osteoarthritis and tendinitis of the knee and elbow or other joints that are amenable to topical treatment; short-term use (4-12 weeks) is recommended. There is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. In this case, the use of Flector patches was noted as far back as August 2013. However, there was no documentation of functional gains directly attributed to its use. Furthermore, the patient primarily presented with back pain. There is little evidence to support topical NSAID use for spine osteoarthritis as indicated above. The medical necessity has not been established. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request is not medically necessary.