

<b>Case Number:</b>	CM14-0046994		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	09/25/2013
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 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:

This 51 year old patient had a date of injury on 9/25/2013. The mechanism of injury was she tripped over open drawer that had slid open by itself, landing on her left knee. In a progress noted dated 1/30/2014, subjective findings included bilateral low back pain, rated 7/10, and left posterior neck pain, rated 5/10. On a physical exam dated 2/26/2014, objective findings included decreased lumbar spine range of motion with pain radiating to bilateral legs, left greater than right, headaches, swelling. Diagnostic impression shows cervical sprain/strain, lumbar sprain/strain. Treatment to date: medication therapy, behavioral modification. A UR decision dated 3/6/2014 denied the request for Condrolite 500/200/150mg #90, stating the patient is not noted to have arthritis, and there was no evidence of any extenuating circumstances in this patients specific case either. Hydrocodone/apap 10/325 #60 was denied, stating there was no documentation of maintained increase in function or decrease in pain. Omeprazole 20mg #60 was denied, stating there was no evidence patient is at significantly increased risk of GI upset/bleed. Naproxen 550 #60 was denied, stating only short term use is recommended. Tiizanidine 4mg #60, stating there was no documentation of increase in function or decrease in pain, and guidelines only support short term use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Condrolite 500/200/150mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines glucosamine Page(s): 50.

**Decision rationale:** The California MTUS states that Glucosamine and Chondroitin Sulfate are recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. In a progress report dated 2/26/2014, the patient is not noted to be diagnosed with arthritis. There was no discussion provided regarding the intended use of this medication. Therefore, the request for Condrolite 500/200/150 is not medically necessary.

**Hydrocodone/APAP 10/325mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On going review and documentation of pain relief Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In a progress report dated 2/26/2014, there was no discussion regarding the functional improvement of the patients opioid regimen. It was unclear whether the patient was receiving any benefit from this medication. Therefore, the request for hydrocodone/apap 10/325 #60 was not medically necessary.

**Omeprazole 20mg, #60:** Overturned

**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 Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter.

**Decision rationale:** The MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. There remains no report of gastrointestinal complaints or chronic NSAID use. In a progress report dated 2/26/2014, the patient was noted to be on naproxen, an NSAID known to cause gastrointestinal

events. However, further use of naproxen is not deemed medically necessary later in this review. Therefore, the request for Omeprazole 20mg #60 was not medically necessary.

**Naproxen 550mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter.

**Decision rationale:** The California MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. Furthermore, the patient is documented to be on this medication since at least 12/2013. In the most recent progress report dated 2/26/2014, there was no documentation of an increase or decrease in function noted with the analgesic regimen. Therefore, the request for naproxen 550 #60 was not medically necessary.

**Tizanidine 4mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex) antispasticity/antispasmodic drugs.

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines state that Tizanidine is a centrally acting alpha<sub>2</sub>-adrenergic agonist that is FDA approved for management of spasticity and off label use for low back pain. In addition, MTUS also states that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In the latest progress report dated 2/26/2014, there was no documentation of an acute exacerbation of pain to justify a regimen of Zanaflex. Therefore, the request for Zanaflex 5mg #60 is not medically necessary.