

Case Number:	CM14-0057932		
Date Assigned:	07/09/2014	Date of Injury:	10/25/2001
Decision Date:	08/21/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/28/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 25, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; muscle relaxant; earlier lumbar fusion surgery; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated April 3, 2014, the claims administrator approved a request for Norco, denied a request for Aciphex, denied a request for Zanaflex; and approved a follow-up office visit. The applicant's attorney subsequently appealed. On March 13, 2014, the applicant was described as having persistent complaints of low back and leg pain. The applicant was using Norco, Zanaflex, and rabeprazole. The applicant had superimposed depression. Epidural steroid injection therapy was sought. The applicant's work status was not furnished. There was no discussion of medication efficacy incorporated into this progress note. On February 24, 2014, the applicant was described as status post fusion hardware removal. The applicant's work status was not furnished on this occasion, either. The medications in question were requested on March 26, 2014 and January 31, 2014. In a January 13, 2014 progress note, the applicant was described as having heightened complaints of low back pain, leg pain, and muscle spasms. The applicant stated that he was stable on his pain medications. There was no significant interval change. There was no mention of any active issues of dyspepsia, it was further noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Aciphex 20mg - 2 month supply: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 69, NSAIDs, GI Symptoms, Cardiovascular Risk topic. Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitor such as Aciphex are indicated in the treatment of NSAID-induced dyspepsia. In this case, however, there is no mention of any active issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, present here. Therefore, the request for Aciphex is not medically necessary.

120 Zanaflex 4mg - 2 month supply: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 1. MTUS page 66, Tizanidine/Zanaflex section.2. MTUS page 7.3. MTUS 9792.20f Page(s): 66,7.

Decision rationale: While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Tizanidine or Zanaflex is FDA approved in management of spasticity and can be employed off label for low back pain, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant is off work. The applicant remains highly reliant and highly dependent on opioid agents, including Norco. Ongoing usage of Tizanidine, thus, has failed to affect any lasting benefit or functional improvement as defined in the MTUS 9792.20f. Therefore, the request is not medically necessary.