

<b>Case Number:</b>	CM14-0062148		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	05/17/1999
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	04/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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, has a subspecialty in Pain 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 injured worker is a 47-year-old female who reported an injury on 05/17/1999. The mechanism of injury was not submitted for review. The injured worker has diagnoses of status post L4 through S1 fusion, status post hardware removal, disc disease of the lumbar spine, lumbar radiculopathy, lumbar facet syndrome and chronic pain. Past medical treatment consists of surgery, physical therapy, spinal cord stimulator, pain management consultations and medication therapy. Medications include Norco, Kadian, Zanaflex, Prilosec, Dulcolax, Ativan and Elavil. The injured worker mentioned having heartburn and constipation. On 04/2013, the injured worker underwent a CAT scan of the lumbar spine. On 06/2013, a UA was submitted for review indicating that the injured worker was in compliance with his medications. The injured worker underwent L4-5 and L5-S1 anterior discectomy, L4-5 and S1 partial corpectomies, L4-5 and L5-S1 intervertebral fusion with synthesis femoral ring graft/bone putty on 04/19/2001. On 08/2004, the injured worker had failed back surgery syndrome with spinal cord stimulator implantation. On 05/28/2014, the injured worker complained of low back pain. It was noted in the physical examination that the injured worker had a pain rate of 6/10 to 7/10 with medication and 9/10 to 10/10 without medication. Examination of the lumbar spine revealed well healed surgical scars. Tenderness to palpation was present with muscle spasm over the paraspinal musculature. Straight leg raising test was positive eliciting radicular symptoms to the bilateral feet. Range of motion of the lumbar spine was measured with a flexion of 30 degrees, extension of -5 degrees, right side bending of 12 degrees and left side bending of 13 degrees. Sensation to pinprick and light touch was decreased in the right L4-S1 nerve root distribution. The treatment plan is for the injured worker to continue the use of medications. The provider felt that the medications are helping the injured worker maintain pain levels and continue with activities of daily living. The request was not submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of Prevacid 30mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

**Decision rationale:** The request for Prilosec 30 mg is not medically necessary. The California MTUS Guidelines recommend proton pump inhibitors for injured workers at risk for gastrointestinal events. Guidelines also recommend that proton pump inhibitors may be recommended for patients with dyspepsia secondary to NSAID therapy or for those taking NSAID medication who are at moderate to high risk for gastrointestinal events. On 05/28/2014, the injured worker indicated that she was having heartburn and constipation. However, it was not indicated in the submitted documentation that the injured worker was on any type of NSAIDS. Additionally, the request as submitted did not indicate a duration or frequency of the medication. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request for Prilosec is not medically necessary.

**One prescription of Zanaflex 4mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, for pain.

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

**Decision rationale:** The request for Zanaflex is not medically necessary. The California MTUS Guideline recommends Zanaflex as an option of short term course therapy. The greatest effect of this medication is within the first 4 days of treatment, suggesting that shorter courses may be better. The treatment should be brief. The request for Zanaflex 4 mg with a quantity of 90 exceeds the guideline recommendations of short term therapy. The provided medical records lacked documentation of significant objective functional improvement with the medication. The provider's rationale for the request was not submitted for review. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, therapy request for Zanaflex is not medically necessary.

**One prescription of Ativan 2mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Benzodiazepines Page(s): 24.

**Decision rationale:** The request for Ativan 2 mg is not medically necessary. The California MTUS Guidelines do not recommend the use of benzodiazepines for long term use, because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. It was noted on the submitted report that the injured worker had been prescribed Ativan since 05/20/2014, exceeding the recommended guidelines for short term therapy. Furthermore, the efficacy of the medication was not documented to support the continued use, and the frequency and duration were not provided in the request as submitted. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request for Ativan is not medically necessary.