

Case Number:	CM14-0064912		
Date Assigned:	07/11/2014	Date of Injury:	05/04/2006
Decision Date:	09/18/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/07/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 55-year-old male who reported an injury on 05/04/2006, reportedly had substantial impairment of activities of daily living resulting from work related injury. He was having difficulty with showering, bathing, dressing, and performing other personal hygiene as well as various household chores, including pushing a vacuum cleaner, mopping, dusting, sweeping, making a bed, and cleaning the bathroom, as well as cooking and doing dishes and laundry, yard work, and grocery shopping due to his work-related injury. The injured worker's treatment history included medications, epidural steroid injections, physical therapy sessions, home health care, and urine drug screen. The injured worker had a urine drug screen on 01/15/2014 that was positive for opioid usage. The injured worker was evaluated on 02/28/2014 and it was documented the injured worker arrived in a wheelchair. The injured worker was evaluated on 04/28/2014 and it was documented that the injured worker had lumbar tenderness and a positive straight leg raise bilaterally. The note that was submitted was handwritten and mostly illegible. Medications included Zanaflex and Norco. Diagnoses included lumbar spine fusion and cervical surgery. Request for Authorization dated 02/28/2014 was for Norco 10/325 mg, Zanaflex 4 mg, and Prilosec 20 mg. However, the rationale 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:

Pharmacy purchase of Norco 10/325mg #90: Upheld

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

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

Decision rationale: The request for pharmacy purchase of Norco 10/325mg # 90 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. Furthermore, the request does not include the frequency. Given the above, Norco is not supported by the California Medical Treatment Utilization Schedule (MTUS) guidelines recommendations. As such the request is not medically necessary.

Pharmacy purchase of Zanaflex 4mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: California (MTUS) Chronic Pain Medical Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic Low Back Pain. The documents submitted on 02/28/2014 and 04/28/2014 was illegible. Furthermore, the documentation failed to indicate how long the injured worker has been on Zanaflex and functional improvement while being on the medication. In addition, the guidelines do not recommend Zanaflex to be used for long-term-use. Given the above, the request for Zanaflex 4mg # 90 is not medically necessary.

Pharmacy purchase of Prilosec 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors Page(s): 68-69.

Decision rationale: The request for of Omeprazole 20 mg #60 is not medically necessary. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines, Omeprazole is recommended for patients taking NSAIDs who are at risk of gastrointestinal events. The documentation provided failed to indicate the injured worker having gastrointestinal events and the Omeprazole resolves the issue, however the request lacked frequency and duration of the

medication for the injured worker. Given the above, the request for Prilosec 20 mg # 30 is not medically necessary.