

Case Number:	CM14-0066669		
Date Assigned:	07/11/2014	Date of Injury:	07/27/2009
Decision Date:	09/15/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/12/2014

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 claimant was injured on 07/27/09. Omeprazole and Lorzone (Chlorzoxazone) are under review. Lyrica was recently approved but bilateral transforaminal epidural injections of the lumbar spine, Tramadol, Flexeril, Ibuprofen, Omeprazole, and Lorzone were all denied. The claimant reportedly has less stomach irritation while taking Omeprazole in conjunction with Ibuprofen. Cyclobenzaprine helps him get better sleep. He underwent bilateral L4 and L5 medial branch blocks on 12/20/13 that gave him 20% relief of pain and he did notice a difference and it lasted a few days. The Lyrica trial did not work well. His medications included Cyclobenzaprine, Ibuprofen, Prilosec, and Tramadol. His urine drug screen on 12/09/13 was consistent. He saw [REDACTED] on 01/15/14 and was referred to [REDACTED]. MRI of the lumbar spine on 03/30/14 showed very mild degenerative changes and bilateral neural foraminal stenosis at L5-S1. There is no focal disc protrusion or extrusion. He has complained of low back and bilateral leg pain that radiates to both feet and is worse with sitting, standing, and lying down. He has poor sleep quality. He is permanent and stationary. Repeat medial branch blocks are under consideration. He saw [REDACTED] for a pain management follow-up visit on 04/14/14. He had chronic low back more than bilateral leg pain. His pain averaged level 9/10. The 4 A's were reviewed. A retrial of Lyrica was under consideration. Regular home exercise was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Page(s): 102.

Decision rationale: The history and documentation do not objectively support the request for Omeprazole, dose and quantity unknown. The California MTUS states on page 102 "patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg Omeprazole daily) or Misoprostol (200g four times daily) or (2) a Cox-2 selective agent. In this case, there is no documentation of GI conditions or increased risk to the GI tract to support the use of this medication. The claimant's pattern of use of this medication and the benefit to him of its use are not entirely clear other than his subjective reports of benefit with prevention of gastrointestinal symptoms with the use of Ibuprofen. The medical necessity of this request has not been clearly demonstrated.

Lorzone 750mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 97.

Decision rationale: The history and documentation do not objectively support the request for Lorzone 750 mg, dosage and quantity unknown. The MTUS state regarding muscle relaxers, "recommended as an option, using a short course of therapy. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better." (Browning, 2001). Treatment should be brief. Additionally, MTUS and Official Disability Guidelines state "relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. (Mens 2005)" The medical documentation provided does not establish the need for long-term usage of Lorzone. Additionally, the medical records provided do not provide objective findings of acute spasms or a diagnosis of acute spasm. In this case, the claimant's pattern of use of medications, including other first-line drugs such as acetaminophen and anti-inflammatories and the response to them, including relief of symptoms and documentation of functional improvement, have not been described. It is not evident that the claimant has been involved in an ongoing exercise program in an attempt to control spasm in place of the use of medication. As such, this request for Lorzone 750 mg, dosage and quantity unknown is not medically necessary.

