

Case Number:	CM14-0084737		
Date Assigned:	07/21/2014	Date of Injury:	10/17/2012
Decision Date:	08/29/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/06/2014

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 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:

According to the records made available for review, this is a 48-year-old female with a 10/17/12 date of injury. At the time of request for authorization for 60 capsules of Axid 300mg, 60 tablets of Norco 10/325mg, and 60 tablets of Zanaflex 4mg(5/29/14), there is documentation of subjective complaints of lumbar spine pain and objective findings of lumbar spine tenderness,. Her current diagnosis is that of a lumbar contusion. The treatment to date includes activity modification, bracing, sacroiliac joint injection, epidural steroid injection, and medications including Axid, Norco, and Zanaflex since at least 12/13. Regarding the requested 60 Capsules of Axid 300mg, there is no documentation of risk for gastrointestinal event and/or active duodenal ulcer (DU), benign gastric ulcer (GU), DU after healing of an active DU, endoscopically diagnosed esophagitis, including erosive and ulcerative esophagitis, or heartburn due to gastroesophageal reflux disease (GERD). Regarding the requested 60 tablets of Norco 10/325mg, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Norco use to date. Regarding the requested 60 tablets of Zanaflex 4mg, there is no documentation of an acute exacerbation of chronic low back pain and that Zanaflex is being used as a second line option and for short-term treatment; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Zanaflex to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Capsules of Axid 300mg: 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 NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation www.pdr.net.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age greater than (>) 65 years; history of peptic ulcer, gastrointestinal (GI) bleeding or perforation; concurrent use of aspirin (ASA), corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. Medical Treatment Guidelines identify Axid (Nizatidine) is indicated for the treatment of active duodenal ulcer (DU) and benign gastric ulcer (GU) for up to 8 weeks. Maintenance therapy for DU after healing of an active DU. Treatment of endoscopically diagnosed esophagitis, including erosive and ulcerative esophagitis, and heartburn due to gastroesophageal reflux disease (GERD) for up to 12 weeks. (Sol) Treatment of endoscopically diagnosed esophagitis, including erosive and ulcerative esophagitis, and heartburn due to GERD for up to 8 weeks in pediatrics 12 years of age. Within the medical information available for review, there is documentation of diagnosis of lumbar contusion. However, there is no documentation of risk for gastrointestinal event and/or active duodenal ulcer (DU), benign gastric ulcer (GU), DU after healing of an active DU, or endoscopically diagnosed esophagitis, including erosive and ulcerative esophagitis, heartburn due to gastroesophageal reflux disease (GERD). Therefore, based on guidelines and a review of the evidence, the request for 60 capsules of Axid 300mg is not medically necessary.

60 Tablets of Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnosis of lumbar contusion. However, there is no documentation that the

prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given medical records reflecting prescription for Norco since at least 12/13, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for 60 tablets of Norco 10/325mg is not medically necessary.

60 Tablets of Zanaflex 4mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs; Tizanidine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The Official Disability Guidelines (ODG) identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnosis of lumbar contusion. However, there is no documentation of an acute exacerbation of chronic low back pain and that Zanaflex is being used as a second line option and for short-term treatment. In addition, given medical records reflecting prescription for Zanaflex since at least 12/13, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Zanaflex to date. Therefore, based on guidelines and a review of the evidence, the request for 60 tablets of Zanaflex 4mg is not medically necessary.