

<b>Case Number:</b>	CM14-0205609		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	09/06/1999
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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:

Patient is a 57 year-old female with date of injury 09/06/1999. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 11/05/2014, lists subjective complaints as pain in the neck and low back. Objective findings: Examination of the cervical spine revealed tenderness to palpation to the paraspinals with spasm. The patient was able to flex to a point where her chin was within one fingerbreadth of her chest and extend to 30 degrees. Rotation was 40 degrees bilaterally. Tilt was 25 degrees bilaterally. Examination of the lumbar spine revealed tenderness to palpation of the paraspinals with spasm. Patient could flex to 35 degrees and extend to 15 degrees for lumbar range of motion. Tilt was 40 degrees bilaterally. Rotation was 60 degrees bilaterally. There was 5/5 muscle strength in all major muscle groups in the upper and lower extremities. Decreased sensation about the L5 dermatome bilaterally in the lower extremities, greater on the right than the left. Diagnosis: 1. Cervical/trapezial pain 2. L5-S1 spondylolisthesis with L4-5 disc injury. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as six months. Original reviewer modified medication request to Norco 10/325mg #30 and Ultram 50mg #75. Medications: 1. Norco 10/325mg, #60 SIG: 1 po 6-8hrs 2. Ultram 50mg, #90 SIG: po TID 3. Tizanidine 4mg, #120 SIG: one po q 12hrs 4. Prilosec 20mg, #100 SIG: 1 po BID.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-8.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-94.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last several months. Therefore, this request is not medically necessary.

**Ultram 50mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 119.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 60.

**Decision rationale:** According to the MTUS in regard to medications for chronic pain, only one medication should 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. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. There is no documentation of the above criteria for either of narcotics that the patient has been taking. Therefore, this request is not medically necessary.

**Tizanidine 4mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 67.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 63.

**Decision rationale:** Tizanidine is a drug that is used as a muscle relaxant. The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. The patient has been taking the muscle relaxant for an extended period of time. Therefore, this request is not medically necessary.

**Prilosec 20mg #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 68.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal (GI) events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple non-steroidal anti-inflammatory drugs (NSAIDs). There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. Therefore, this request is not medically necessary.