

Case Number:	CM14-0205650		
Date Assigned:	12/17/2014	Date of Injury:	07/10/2013
Decision Date:	02/28/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 patient is a 65 year old male with an injury date of 07/10/13. Based on the 05/06/14 progress report provided by treating physician, the patient complains of neck pain rated 7-8/10 with associated stiffness, and lower back pain rated 7-8/10 with associated muscle spasms. The pain is described as constant and achy in quality. Progress notes are hand written and largely illegible, there are no legible documented interventions directed at this complaint to date. Physical examination 05/06/14 revealed tenderness to palpation to cervical paraspinal muscles and spasm, decreased range of motion, and positive compression test. Lumbar examination reveals tenderness to palpation to the lumbar paraspinal muscles, decreased range of motion, and positive straight leg raise (side unspecified). The patient's current medication regimen is not specified in the reports provided. Patient is advised to return to work/normal activities after the exam, with the stipulation that he not lift or push heavy objects. Diagnostic imaging was not included with the reports provided. Diagnosis 05/06/14 - C-spine sprain/strain- Spinal stenosis of the cervical region- Lumbar spine sprain/strain- Displacement of thoracic or lumbar intervertebral disc without myelopathyNOTE: Diagnosis section largely illegible, ICD-9 codes utilized to determine diagnoses. The utilization review determination being challenged is dated 11/21/14. Only one treatment report was provided, dated 05/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (DOS 11/4/14): Ultram 250mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 88 and 89, 76-78.

Decision rationale: The patient presents with neck pain rated 7-8/10 with associated stiffness and lower back pain rated 7-8/10 with associated muscle spasms. The pain is described as constant and achy in quality. Progress notes are hand written and largely illegible, there are no legible documented interventions directed at this complaint to date. The request is for Retro (DOS 11/04/14): Ultram 250mg #120. Physical examination 05/06/14 revealed tenderness to palpation to cervical paraspinal muscles and spasm, decreased range of motion, and positive compression test. Lumbar examination reveals tenderness to palpation to the lumbar paraspinal muscles, decreased range of motion, and positive straight leg raise (side unspecified). The patient's current medication regimen is not specified in the reports provided. Patient is advised to return to work/normal activities after the exam, with the stipulation that he not lift or push heavy objects. Diagnostic imaging was not included with the reports provided. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treater is requesting an opiate pain medication for the management of this patient's cervical and lumbar pain. However, treater has not provided any documentation of prior use, documentation of pain reduction or functional improvement attributed to such use, addressed adverse side effects or aberrant behavior, nor discussed any flare ups or recent injury which would warrant continued use. Such vague documentation does not satisfy MTUS requirements for chronic opioid medications. Therefore, the request is not medically necessary.

Retro (DOS 11/4/14): Prilosec 20mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), (PPI's) Proton Pump Inhibitor

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with neck pain rated 7-8/10 with associated stiffness, and lower back pain rated 7-8/10 with associated muscle spasms. The pain is described as constant and achy in quality. Progress notes are hand written and largely illegible, there are no legible documented interventions directed at this complaint to date. The request is for Retro

(DOS 11/04/14): Prilosec 20mg. Physical examination 05/06/14 revealed tenderness to palpation to cervical paraspinal muscles and spasm, decreased range of motion, and positive compression test. Lumbar examination reveals tenderness to palpation to the lumbar paraspinal muscles, decreased range of motion, and positive straight leg raise (side unspecified). The patient's current medication regimen is not specified in the reports provided. Patient is advised to return to work/normal activities after the exam, with the stipulation that he not lift or push heavy objects. Diagnostic imaging was not included with the reports provided. MTUS, Chronic Pain Medical Treatment Guidelines, page 69 states "NSAIDs, GI symptoms and cardiovascular risk, Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Regarding Prilosec, or a proton pump inhibitor, MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis."In this case, the treater is requesting a PPI for an unspecified gastrointestinal complaint. While there is no evidence of concurrent NSAID utilization, nor documentation of past or present gastrointestinal complaints, the patient is 65 and is therefore in an age category for which the prophylactic utilization of a PPI would be medically justified. However, there is no evidence that this patient is on any oral NSAIDs. Only one report was provided that does not list current medications. There are no documentation of any GI issues either. Therefore, the request is not medically necessary.

Retro (DOS 11/4/14): Zanaflex 2mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain, Antispasticity/Antispasmodic Drugs: Tizanidine (Zanaflex medication.

Decision rationale: The patient presents with neck pain rated 7-8/10 with associated stiffness, and lower back pain rated 7-8/10 with associated muscle spasms. The pain is described as constant and achy in quality. Progress notes are hand written and largely illegible, there are no legible documented interventions directed at this complaint to date. The request is for Retro (DOS 11/04/14): Zanaflex 2mg #120. Physical examination 05/06/14 revealed tenderness to palpation to cervical paraspinal muscles and spasm, decreased range of motion, and positive compression test. Lumbar examination reveals tenderness to palpation to the lumbar paraspinal muscles, decreased range of motion, and positive straight leg raise (side unspecified). The patient's current medication regimen is not specified in the reports provided. Patient is advised to return to work/normal activities after the exam, with the stipulation that he not lift or push heavy objects. Diagnostic imaging was not included with the reports provided. MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain, page 66:
"Antispasticity/Antispasmodic Drugs: Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors

recommended its use as a first line option to treat myofascial pain." MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain."In this case, the treater is requesting Zanaflex, an anti-spasmodic medication presumably prescribed for the management of this patient's cervical and lumbar spasms and associated pain. While Zanaflex is indicated per MTUS guidelines as an appropriate therapy for management of chronic low back pain and spasms, the treater has failed to specify pain reduction and functional improvement attributed to this medication. Progress note dated 05/06/14 notes pain rated 8/10 and spasms of the lumbar and cervical spine. Such documentation does not establish the efficacy of this medication to reduce pain and improve function, and does not justify continued utilization. Therefore, this request is not medically necessary.