

<b>Case Number:</b>	CM14-0063254		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	07/22/2010
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 Family Practice 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:

This injured worker's date of injury is 07/22/2010. This patient receives treatment for chronic left shoulder, neck, and low back pain. The original injury occurred at work when the patient fell from a ladder landing on a fellow worker. MRI imaging in 2012 showed a disc bulge at L4-L5 in the lumbar region and in the cervical spine, some multi-level disc bulging. X-ray imaging of the left shoulder showed osteoarthritis of the A/C joint and other imaging showed a SLAP tear. The low back pain treatment included physical therapy, steroid injections, and NSAIDs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325 QTY 120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

**Decision rationale:** This patient receives treatment for back, neck and shoulder pain. The patient has become opioid dependent, exhibits opioid tolerance, and may be exhibiting hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain

control or a return to function, when treatment relies on opioid therapy. The documentation fails to document a quantitative assessment that documents an increase in functioning. Based on the documentation treatment with Norco is not medically necessary.

**Prilosec 20MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** Omeprazole is a proton pump inhibitor (PPI), which may be medically indicated for patients with a documented risk of the GI complications that NSAIDs posed when taken orally. There is no documentation of high dose NSAIDs, a history of GI bleeding, or the concurrent use of aspirin with an NSAID. Omeprazole is not medically necessary.

**Zanaflex 4MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

**Decision rationale:** Zanaflex (Tizanidine) is a muscle relaxer, specifically an antispasmodic drug, which may be medically indicated as a second-line option for the short-term management of low back pain exacerbations, not for long-term use. Since this patient has chronic low back pain without documentation that it is prescribed for an acute exacerbation, further use of Zanaflex is not medically necessary.