

Case Number:	CM15-0005085		
Date Assigned:	01/16/2015	Date of Injury:	01/05/2000
Decision Date:	03/23/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/09/2015

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: New York
 Certification(s)/Specialty: Internal Medicine

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 injured worker is a 43 year old female who sustained an industrial related injury on 1/5/00. The injured worker had complaints of neck pain that radiated to the left upper extremity with associated numbness. Lumbar spine pain and numbness down bilateral lower extremities was also noted. Prescriptions included Motrin, Percocet, Imitrex, Prilosec, and Zanaflex. Diagnoses included status post L4-5 total disc arthroplasty, failed total disc arthroplasty, post-operative left leg radiculopathy, L4-5 disc displacement, left shoulder pain, and status post spinal cord stimulator implant. On 1/9/14 the treating physician requested authorization for Percocet 10/325mg #180, Motrin 800mg #90, Imitrex #15, Prilosec 20mg #60, and Zanaflex 4mg #60. On 12/11/14 the requests were non-certified. Regarding Percocet the utilization review (UR) physician noted there was no mention of improvement of pain or improvement of function with activities of daily living. Therefore the request was non-certified. Regarding Motrin, the UR physician noted long term use as not warranted. Regarding, Imitrex the UR physician noted the injured worker was not clinically diagnosed with migraines. Regarding Prilosec, the UR physician noted there was no documentation regarding the current reason for use. Regarding Zanaflex, the UR physician cited the Official Disability Guidelines and noted there was no documentation of pain relief or objective improvement in function to warrant continued use. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

Decision rationale: MTUS states that opioids are not generally recommended as a first-line therapy for some neuropathic pain. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented during treatment. MTUS guidelines recommend assessment for the likelihood that the patient could be weaned from opioids. The injured worker complaints of chronic persistent, radicular neck and low back pain. Documentation fails to demonstrate adequate improvement in the injured worker's pain level or function, to justify continued clinical use of opioids. In the absence of significant response to treatment, the request for Percocet 10/325mg #180 is not medically necessary per MTUS.

Motrin 800mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: Per MTUS guideline, Non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The injured worker's symptoms are chronic and ongoing, without documentation of acute exacerbation or significant improvement in symptoms or function. With MTUS guidelines not being met, the request for Motrin 800mg #90 is not medically necessary.

Imitrex #15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonspecific. Decision based on Non-MTUS Citation UpToDate, Sumatriptan, Drug information

Decision rationale: Imitrex (Sumatriptan) is indicated for the acute treatment of migraine or cluster headache in adults. Documentation provided fails to indicate the injured worker has a

diagnosis of Migraine or Cluster headache. The request for Imitrex #15 is not medically necessary.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS recommends the combination of Non-steroidal anti-inflammatory drugs (NSAIDs) and Proton Pump Inhibitors (PPIs) for patients at risk for gastrointestinal events including age over 65 years of age, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant and high dose or multiple NSAID (e.g., NSAID + low-dose ASA). Documentation does not support that the injured worker is at high risk of gastrointestinal events to justify medical necessity of Prilosec. Per MTUS guidelines, the request for Prilosec 20mg #60 is not medically necessary.

Zanaflex 4mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: MTUS states Tizanidine is FDA approved for management of spasticity and its use for low back pain is unlabeled. Per guidelines, muscle relaxants should be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Furthermore, in most cases of low back pain, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The injured worker complaints of persistent radicular neck and low back with no evidence in the chart documentation of significant improvement with the use of this medication. The request for Zanaflex 4mg #60. is not medically necessary per MTUS.