

Case Number:	CM15-0133981		
Date Assigned:	07/22/2015	Date of Injury:	03/14/2001
Decision Date:	08/24/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/10/2015

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, Tennessee
 Certification(s)/Specialty: Emergency 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 50 year old male, who sustained an industrial injury on 3/14/01. Initial complaints were not reviewed. The injured worker was diagnosed as having lumbalgia; lumbago with radicular symptoms; failed back syndrome. Treatment to date has included status post intradiscal electrothermal therapy (IDET) (9/11/02); status post lumbar interbody fusion (10/28/03); status post lumbar spine hardware removal (4/8/05); physical therapy; urine drug screening; medications. Diagnostics studies included EMG/NCV study lower extremities (2/24/15). Currently, the PR-2 notes dated 4/8/15 indicated the injured worker complains of aggravation to his low back. He states two weeks prior he attempted to move a couch and afterwards felt severe low back pain left greater than right. He has some radiation to the lower extremities. On this visit, he also complains of gastrointestinal bloating as well having much discomfort. He was taken off of Norco 10/325mg and placed on Tylenol #4. He has had an adverse reaction to the Tylenol#4 and n previous attempts; he was prescribed Duexis and hospitalized for two days secondary to severe stomach bloating as well. He complains of aching pain in the waist area rated at 8/10. He also takes Omeprazole, Zolpidem and Tizanidine which all help. He is not attending therapy or working at this time. Physical examination of the lumbar spine notes he is having incisional tenderness and tenderness along the midline paralumbar musculature. His range of motion notes forward flexion 10 degrees, extension 10 degrees and lateral bending 5 degrees. He has severe pain to palpation to the lumbar paraspinal muscles and his sciatic stretch is positive. His straight leg is negative. He has had multiple spinal surgeries including an anterior/posterior lumbar interbody fusion in 2003 and then a lumbar spine

hardware removal in 2005. An EMG/NCV study of the lower extremities was done on 2/24/15 with an impression of normal study with no electrodiagnostic evidence of bilateral lumbosacral radiculopathy. The treatment plan discontinued his Tylenol#4. The provider is requesting authorization of Tizanidine 4mg #60 2 refills; Prilosec 20mg #60 with 2 refills and Norco 10/325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #60 x 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63, 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 63, 65.

Decision rationale: Tizanidine is a muscle relaxant that acts centrally as an alpha2-adrenergic agonist that is FDA approved for management of spasticity. Side effects include somnolence, dizziness, dry mouth, hypotension, weakness, and hepatotoxicity. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment (less than two weeks) of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. In this case, the patient has been taking muscle relaxant since at least December 2014. The duration of treatment surpasses the recommended short-term duration of two weeks. The request is not medically necessary and should not be authorized.

Prilosec 20mg #60 x 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 68.

Decision rationale: Prilosec is Omeprazole, a proton pump inhibitor (PPI). PPI's are used in the treatment of peptic ulcer disease and may be prescribed in patients who are using non-steroidal anti-inflammatory drugs and are at high risk for gastrointestinal events. Risk factors for high-risk events are age greater than 65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The patient in this case was not using NSAID medication and did not have

any of the risk factors for a gastrointestinal event. The request is not medically necessary and should not be authorized.

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 11, 74-96.

Decision rationale: Norco is the compounded medication containing Hydrocodone and acetaminophen. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. Opioids may be a safer choice for patients with cardiac and renal disease than antidepressants or anticonvulsants. Acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. Renal insufficiency occurs in 1 to 2% of patients with overdose. The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 4 hours with a maximum of 4 g/day. In this case, the patient has been receiving opioid medication since at least December 2014 and has not obtained analgesia. In addition, there is no documentation that the patient has signed an opioid contract. Criteria for long-term opioid use have not been met. The request is not medically necessary and should not be authorized.