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| <b>Case Number:</b>   | CM15-0134338 |                              |            |
| <b>Date Assigned:</b> | 07/22/2015   | <b>Date of Injury:</b>       | 08/17/2006 |
| <b>Decision Date:</b> | 09/21/2015   | <b>UR Denial Date:</b>       | 06/26/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/11/2015 |

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 46-year-old who has filed a claim for chronic neck, shoulder, and wrist pain reportedly associated with an industrial injury of August 17, 2006. In a Utilization Review report dated June 26, 2015, the claims administrator failed to approve a request for naproxen, Prilosec, Zanaflex, and Norco. The claims administrator referenced an RFA form received on June 19, 2015 in its determination. The applicant's attorney subsequently appealed. On June 12, 2015, the applicant reported ongoing complaints of neck and shoulder pain. The applicant was off of work and had not worked in approximately two months, it was reported. The applicant reported recurrence in radicular symptoms following an earlier epidural steroid injection of December 2014. The applicant was on Norco, Zanaflex, Prilosec, and Neurontin, it was reported. The applicant had developed issues with medication-induced gastritis. The attending provider contended that Prilosec had effectively attenuated issues with reflux brought on by medication consumption. The attending provider's documentation was, however, at times difficult to follow, internally inconsistent, mingled historical issues with current issues as some sections of the note stated that the applicant was currently working, while commentary toward the top of the note suggested the applicant was not, in fact, working any longer. Repeat cervical epidural steroid injection was sought. Trigger point injections were performed in the clinic while naproxen and Prilosec were renewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox DS 550mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Anti-inflammatory medications; Functional Restoration Approach to Chronic Pain Management Page(s): 22; 7.

**Decision rationale:** No, the request for naproxen (Anaprox), an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as naproxen (Anaprox) do represent the traditional first-line treatment for various chronic pain conditions, including the chronic pain syndrome reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the applicant was off of work, despite ongoing naproxen usage. Ongoing usage of naproxen failed to curtail the applicants dependence on opioid agents such as Norco, it was acknowledged. The applicant presented with severe pain complaints on June 12, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of naproxen. Therefore, the request was not medically necessary.

**Prilosec 20mg, #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitor (PPI) Page(s): 68.

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

**Decision rationale:** Conversely, the request for Prilosec, a proton pump inhibitor, was medically necessary, medically appropriate, or indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia, as was seemingly present here on or around the date in question, June 12, 2015. The attending provider did report that ongoing usage of Prilosec had attenuated issues with medication-induced dyspepsia. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

**Zanaflex 4mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Tizanidine (Zanaflex, generic available); Functional Restoration Approach to Chronic Pain Management Page(s): 66; 7.

**Decision rationale:** Conversely, the request for Zanaflex (tizanidine), an antispasmodic medication, was not medically necessary, medically appropriate, or indicated here. While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tizanidine or Zanaflex is FDA approved in the management of spasticity but can be employed off label for low back pain, here, however, the applicant presented with complaints of neck, upper extremity, shoulder, and elbow pain on the June 12, 2015 office visit in question. It did not appear that the applicant had active complaints of back pain for which page 66 of the MTUS Chronic Pain Medical Treatment Guidelines espouses off-label usage of Zanaflex. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of the ACOEM Practice Guidelines further stipulate that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the applicant remained off of work, despite ongoing Zanaflex usage, it was reported on June 12, 2015. The applicant reported heightened axial and radicular neck pain complaints on that date. Ongoing usage of Zanaflex failed to curtail the applicant's dependence on Norco or other forms of medical treatment to include epidural steroid injection therapy and/or trigger point injection therapy. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of tizanidine (Zanaflex). Therefore, the request was not medically necessary.

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Finally, the request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant remained off of work, on total temporary disability; it was acknowledged on the June 12, 2015 office visit in question. Heightened axial and radicular pain complaints were reported on that date, graded as severe, per the attending provider. The attending provider failed to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.