

Case Number:	CM15-0135067		
Date Assigned:	07/23/2015	Date of Injury:	09/12/2011
Decision Date:	09/24/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/13/2015

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, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 52 year old female, who sustained an industrial injury on September 12, 2011. Treatment to date has included MRI of the lumbar spine, lumbar facet denervation, lumbar facet medial branch block, and medications. Currently, the injured worker complains of bilateral lumbar spine pain. On physical examination the injured worker exhibits guarding of movements, limited mobility and stiff movements. She has moderate generalized tenderness to palpation over the lumbar spine. She has marked tenderness to palpation in the left lumbar paraspinal area and moderate tenderness to palpation over the right lumbar paraspinal region. Her movement is moderately restricted and elicits pain in all directions. She exhibits normal lumbar stability, with normal strength and tone in the bilateral lower extremities. She has muscle spasms of the bilateral paraspinal muscles at the lumbosacral junction and exhibits an antalgic gait. The diagnoses associated with the request include lumbar facet arthropathy, degeneration of lumbar-lumbosacral intervertebral disc and thoracic-lumbosacral neuritis-radiculitis. The treatment plan includes lumbar facet denervation of L4-5 and L5-S1 and continuation of Ultram ER, Naprosyn, Prilosec, Zanaflex, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Naprosyn 500mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The use of NSAIDs can be result in pain relief and functional restoration. The chronic use of NSAIDs can be associated with the development of renal, cardiac and gastrointestinal complications. The records indicate that the patient is utilizing Prilosec for the prevention and treatment of NSAIDs induced gastritis. The criteria for the use of Naprosyn 500mg #60 was met. Therefore, the request is medically necessary.

60 Prilosec 20mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The use of NSAIDs can be result in pain relief and functional restoration. The chronic use of NSAIDs can be associated with the development of renal, cardiac and gastrointestinal complications. The records indicate that the patient is utilizing Prilosec for the prevention and treatment of NSAIDs induced gastritis. The criteria for the use of Prilosec 20mg #60 was met. Therefore, the request is medically necessary.

90 Zanaflex 2mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the short-term treatment of exacerbation of musculoskeletal pain when standard NSAIDs and PT have failed. The chronic use of muscle relaxants and antispasmodics can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with sedative medications. The records indicate that the duration of Zanaflex had exceeded that maximum recommended of 4 to 6 weeks. There is no documentation of the guidelines required LFT monitoring for liver toxicity during chronic

Zanaflex utilization. The criteria for the use of Zanaflex 2mg #90 was not met. Therefore, the request is not medically necessary.

60 Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short-term treatment of exacerbation of musculoskeletal pain that did not respond to standard NSAIDs, non opioid co-analgesic and PT. The chronic use of opioids can be associated with the development of tolerance, sedation, dependency, addiction, opioid induced hyperalgesia and adverse interaction with other opioids and sedatives. The records indicate that the patient is utilizing multiple opioid medications. There is no documentation of failure of treatment with opioid sparing anticonvulsant or antidepressant co-analgesics. There is no documentation of compliance monitoring with serial UDS, absence of aberrant behavior, CURES data reports or objective findings of significant functional restoration. The criteria for the use of Norco 10/325mg #60 was not met. Therefore, the request is not medically necessary.