

Case Number:	CM15-0144211		
Date Assigned:	08/05/2015	Date of Injury:	04/23/2001
Decision Date:	09/22/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/27/2015

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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 (IW) is a 63 year old female who sustained an industrial injury on 04/23/2001. She reported a slip and fall where she twisted her ankle, low back, cervical spine, left hip, shoulders and foot. The injured worker was diagnosed as having: Chronic lumbar radiculopathy, Lumbar post laminectomy syndrome, Incontinence, Depression, Chronic pain syndrome. Treatment to date has included surgery, medications, dental care, home health, and durable medical equipment. Currently, the injured worker complains of low back pain radiating into the bilateral anterolateral thighs and burning in bilateral shoulders. Percocet, Norco, and Zanaflex help her perform activities of daily living. Neurontin decreases burning in legs. The treatment plan is for continuation of current medications. A request for authorization was made for: 1. Zanaflex 4mg #90 per 07/09/15 order. 2. Neurontin 600mg #90 per 07/09/15 order. 3. Prilosec 20mg #60, per 07/09/15 order. 4. Percocet 10/325mg #45 per 07/09/15 order. 5. Norco 10/325mg #90 per 07/09/15 order.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #90 per 07/09/15 order: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 66.

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

Decision rationale: The patient presents with pain affecting the bilateral shoulders, and low back with radiation down the anterolateral thighs. The current request is for Zanaflex 4mg #90 per 07/09/15 order. The treating physician report dated 6/11/15 (26A) states, "She continues to need Percocet 1-2/day, Norco 3/day, and Zanaflex to perform ADLs." MTUS guidelines page 66 allow for the use of Zanaflex for low back pain, myofascial pain and fibromyalgia. In this case, the patient presents with low back pain that radiates down the bilateral thighs. Furthermore, the treating physician has documented that Zanaflex allows the patient to perform ADLs and maintain a home exercise program. The current request satisfies the MTUS guidelines as outlined on page 66. The current request is medically necessary.

Prilosec 20mg #60, per 07/09/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestinal) Symptoms & Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68-69.

Decision rationale: The patient presents with pain affecting the bilateral shoulders, and low back with radiation down the anterolateral thighs. The current request is for Prilosec 20mg #60, per 07/09/15 order. The treating physician report dated 6/11/15 (26A) states, "She continues to need Percocet 1-2/day, Norco 3/day, and Zanaflex to perform ADLs." A report dated 5/28/15 (61A) states, "She denies heartburn." The MTUS guidelines state Omeprazole is recommended with precautions, "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e. g. , NSAID + low-dose ASA)." Clinician should weigh indications for NSAIDs against GI and cardio vascular risk factors, determining if the patient is at risk for gastrointestinal events. In this case, there was no documentation provided of any current NSAID use, there was no indication that the patient was at risk for gastrointestinal events nor was there any documentation of dyspepsia. The current request does not satisfy MTUS guidelines as outlined on pages 68-69. The current request is not medically necessary.

Percocet 10/325mg #45 per 07/09/15 order: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91-92 and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with pain affecting the bilateral shoulders, and low back with radiation down the anterolateral thighs. The current request is for Percocet 10/325mg #45 per 07/09/15 order. The treating physician report dated 6/11/15 (26A) states, "She continues to need Percocet 1-2/day, Norco 3/day, and Zanaflex to perform ADLs." MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided show the patient's prescription for Percocet was refilled on 5/14/15 (72A). No adverse effects or adverse behavior were noted by patient except for constipation. The patient's ADLs have improved such as the ability to maintain a home exercise program. The continued use of Percocet has improved the patient's symptoms and have allowed the patient to enjoy a greater quality of life. In this case, all four of the required. As are addressed and functional improvement has been documented. The current request is medically necessary.

Norco 10/325mg #90 per 07/09/15 order: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with pain affecting the bilateral shoulders, and low back with radiation down the anterolateral thighs. The current request is for Norco 10/325mg #90 per 07/09/15 order. The treating physician report dated 6/11/15 (26A) states, "She continues to need Percocet 1-2/day, Norco 3/day, and Zanaflex to perform ADLs." MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided show the patient's prescription for Norco was refilled on 5/14/15 (72A). No adverse effects or adverse behavior were noted by patient except for constipation. The patient's ADLs have improved such as the ability to maintain a home exercise program. The continued use of Norco has improved the patient's symptoms and have allowed the patient to enjoy a greater quality of life. In this case, all four of the required. As are addressed and functional improvement has been documented. The current request is medically necessary.