

Case Number:	CM15-0149078		
Date Assigned:	08/12/2015	Date of Injury:	01/03/2013
Decision Date:	09/15/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/31/2015

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 is a 38 year old male, who sustained an industrial injury on 1-03-2013. The mechanism of injury was not noted. The injured worker was diagnosed as having lumbar radiculopathy, L4-5, L5-S1 herniated nucleus pulposus with neuroforaminal stenosis, and failed conservative treatment; moderate relief with interlaminar injection. Treatment to date has included diagnostics, lumbar epidural injection, aquatic therapy, home exercise program, and medications. On 5-08-2015, the injured worker complains of low back pain with radiation to the right posterolateral thigh to foot. He rated pain 8 out of 10, with numbness in the L5 distribution. He was taking Zanaflex and Norco with moderate relief. Gastrointestinal symptoms were not noted. CURES report was documented as "ok". He was to continue medications. The request for authorization (7-01-2015) noted that Prilosec was for gastrointestinal upset secondary to opioid. The use of Omeprazole and Hydrocodone was noted since at least 2-2015. No gastrointestinal complaints were noted. An updated pain management progress report was not submitted. An updated PR2 report (6-11-2015) noted work status as total temporary disability unless restrictions honored.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #60: Overturned

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

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

Decision rationale: The patient presents with pain affecting the low back. The current request is for Zanaflex 4mg #60. The treating physician states in the report dated 7/1/15, "Zanaflex 4mg. Medication is for relief of muscle spasticity, 1 tablet every 12 hours #60." (18B) The MTUS guidelines support Zanaflex for low back pain, myofascial pain and for fibromyalgia. In this case, the treating physician documents that the patient has been dealing with myofascial pain and low back pain and has decreased pain with medication usage. The current request is medically necessary.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

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

Decision rationale: The patient presents with pain affecting the low back. The current request is for Prilosec 20mg #60. The treating physician states in the report dated 7/1/15, "Prilosec 20mg Medication is for relief of GI upset secondary to opioid, 1 tablet 2 times a day #60." (19B) The MTUS guidelines recommend proton pump inhibitors (PPI) for the treatment of dyspepsia secondary to NSAID therapy. In this case, the treating physician has not documented that the patient is taking any NSAIDs and did not document that the patient is having any GI issues that would require a PPI. The current request is not medically necessary.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

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

Decision rationale: The patient presents with pain affecting the low back. The current request is for Norco 10/325mg #60. The treating physician states in the report dated 7/1/15, "Norco 10/325. Medication is for relief of chronic, acute/severe pain, 1 tablet every 12 hours #60." (20B) The treating physician also stated, "He is taking Norco with moderate relief." (25B) For chronic opiate use, the MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse

side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician has documented that the patient has had some decreased pain, but did not document if the patient is able to perform ADLs, has not had any side effects to the medication, and has not demonstrated any aberrant behaviors. The current request is not medically necessary.