

Case Number:	CM15-0163775		
Date Assigned:	09/01/2015	Date of Injury:	02/15/2009
Decision Date:	10/15/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/20/2015

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, California

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 37 year old male, who sustained an industrial injury on February 15, 2009. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having status post L4-5 (lumbar 4-5) laminectomy with residual chronic left lumbar radiculitis and pain, left cervical radiculitis with upper extremity weakness, and history of major depressive disorder. The medical records refer to an MRI of the lumbar spine on August 5, 2013 and electrodiagnostic studies on September 3, 2013, but the results were not included in the provided medical records. On February 13, 2014, a urea breath test was positive for *Helicobacter pylori* (*H. pylori*). Surgeries to date have included a hemilaminectomy at L4-L5 (lumbar 4-lumbar 5), medical facetectomy, lateral recess decompression, followed by microdiscectomy, followed by steroid injection in 2013. Treatment to date has included an epidural steroid injection, psychiatric care, and medications including opioid analgesic, topical analgesic, muscle relaxant, proton pump inhibitor, histamine 2 antagonist, and non-steroidal anti-inflammatory. There were no noted previous injuries or dates of injury. Comorbid diagnoses included history of hypertension, gastroesophageal reflux disease, and depression. On June 16, 2015, the injured worker reported continued intractable back and leg pain. He reported that he was bed bound intermittently due to pain for two weeks. The treating physician noted that he was found by the qualified medical evaluator to have evidence of *H. pylori*. Treatment with antibiotics and proton pump inhibitors was recommended. The physical exam revealed a soft and obese abdomen, restricted lumbar spine range of motion, a positive Left Lesague, and a positive straight leg raise with distal left leg weakness. His work status is

permanent and stationary. The requested treatments included Omeprazole, Voltaren gel 1%, Zanaflex, and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Per the California Medical Treatment Utilization Schedule (CMTUS) guidelines, Omeprazole, a proton pump inhibitor, when the injured worker is at intermediate or high risk for gastrointestinal events without cardiovascular disease and at high risk for gastrointestinal events with cardiovascular disease. Patients at risk for gastrointestinal events are older than 65 years, have a history peptic ulcer, GI bleeding or perforation, concurrently use of ASA, corticosteroids, and-or an anticoagulant; or are on high dose or multiple NSAID (e.g., NSAID + low-dose ASA). There is lack of evidence that the injured worker is at intermediate or high risk for gastrointestinal events. The injured worker is younger than 65 years. The injured worker has been diagnosed with a Helicobacter pylori (H. pylori) infection. The medical records refer to the injured worker reported having had a stomach ulcer in the past. However, there is lack of evidence to support the diagnosis of a gastric ulcer. There is lack of documentation of a history peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and-or an anticoagulant; or are on high dose or multiple NSAID (e.g., NSAID + low-dose ASA). Therefore, the Omeprazole is not medically necessary.

Voltaren gel 1% twice a day 180g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The California Medical Treatment Utilization Schedule (CMTUS) guidelines recommend topical non-steroidal anti-inflammatory drugs (NSAIDs) for "osteoarthritis and tendinitis in particular, that of the knee and elbow or other joints that are amenable to topical treatment". The CMTUS guidelines recommend short-term use (4-12 weeks) of Voltaren Gel, which is Food and Drug Administration-approved, for the relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). The medical records show that the injured worker has been using Voltaren gel 1% for chronic back and leg pain since at least March 2015, which exceeds the guideline recommendation. Application of Voltaren gel 1% to the spine is not an approved indication of

use. There was lack of evidence of osteoarthritis or tendinitis of ankle, elbow, foot, hand, knee, and wrist. There is a lack of documentation of improvement in pain and a lack of evidence of objective functional improvement with the treatment already provided. Therefore, the request for Voltaren gel 1% is not medically necessary.

Zanaflex 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Examination, Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Per the California Medical Treatment Utilization Schedule (CMTUS) guidelines, non-sedating muscle relaxants are recommended with caution for short-term treatment of acute exacerbations of chronic low back pain as a second-line option. The efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Per the CMTUS, Zanaflex is approved by the Food and Drug Administration (FDA) for spasticity management and is used for low back pain as an unlabeled use. The ACOEM (American College of Occupational and Environmental Medicine) guidelines recommend muscle relaxants for the short-term treatment of acute spasms of the low back. There was lack of documentation of a recent acute exacerbation of chronic low back pain. The medical records show that the injured worker has been taking Zanaflex as needed since at least March 2015, which exceeds the short-term treatment recommended by the guidelines. Therefore, the request for Zanaflex is not medically necessary.

Tramadol 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

Decision rationale: The California Medical Treatment Utilization Schedule (CMTUS) guidelines, recommend the synthetic opioid Tramadol as a second-line treatment for moderate to severe pain. The long term usage of opioid therapy is discouraged by the CMTUS guidelines unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." In addition, CMTUS guidelines also detail indications for discontinuing opioid medication, such as serious non-adherence or diversion. There was lack of

physician documentation of the current pain, least reported pain over the period since last assessment, average pain, how long it takes for pain relief, how long pain relief lasts, improvement in pain, and improvement in function. There was a lack of documentation the opioid compliance guidelines which include risk assessment profile, attempt at weaning-tapering, ongoing efficacy, and an updated and signed pain contract between the provider and the claimant. There was lack of documentation of a recent urine drug screen to support compliance of treatment with Tramadol, which would be necessary for continued usage. In addition, there is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Therefore, the Tramadol is not medically necessary.