

Case Number:	CM15-0166599		
Date Assigned:	09/04/2015	Date of Injury:	12/02/1996
Decision Date:	10/28/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/25/2015

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, Arizona

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 59 year old male, who sustained an industrial injury on 12-2-1996. The mechanism of injury is injury from pushing a 500 pound metal square on the table when he felt a "pop" in his low back and immediate pain. The current diagnosis is chronic lumbar pain, herniated lumbar disc, right lumbar radiculopathy, end stage L5-S1, L3, L4-5 radiculopathy of the bilateral lower extremities, 7 millimeter L4-5 disc protrusion, and status post micro-discectomy. According to the progress report dated 7-29-2015, the injured worker complains of constant, aching low back pain. The pain is rated 5-6 out of 10 on a subjective pain scale. The physical examination of the lumbar spine reveals restricted and painful range of motion. The medications prescribed are Zanaflex, Tramadol, Gabapentin, Elavil, Omeprazole, and Zipsor. Urine drug screen from 1-21-2014 was consistent with prescribed medications. There is documentation of ongoing treatment with Zanaflex, Tramadol, and Prilosec since at least 2009. Treatment to date has included medication management, MRI studies, injection therapy to include lumbar epidural steroid injection 07/15/15 at L4-5, and surgical intervention. PR-2 note 08/04/2015 was reviewed and the injured worker on this date states the most recent injection provided only 10% relief. In July 2015, the injured worker was noted to be off Hydrocodone, and Tramadol. During this 08/04/2015 visit, the Physician requests re-initiation of Tramadol but does not divulge how effective this drug was in the past, and/or why it was stopped. Work status is described as permanent and stationary. A request for Zanaflex, Tramadol, Prilosec, and Zipsor Q has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: According to the CA MTUS, Tizanidine is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS Guidelines: "Recommend non-sedating muscle relaxants with caution as a second line option for the short-term relief of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." Within the submitted documentation, most recent PR-2 note does not demonstrate that there is any significant muscle spasm or myofascial element to pain. Pain appears radicular in nature primarily. Long-term use is not recommended and there were no extenuating circumstances mentioned describing how Tizanidine positively impacted the injured worker in terms of pain control, using validated measures, and/or helped improve function or ability to perform ADLs. This request is not medically necessary.

Tramadol 50mg #60: 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 for chronic pain, Opioids, criteria for use.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines state that Tramadol is not recommended as a first line oral analgesic. The California MTUS guidelines allows for the use of opioid medication, such as Tramadol, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The documentation reviewed mentions the injured worker as having been on Tramadol in the past, but stopping use (reasons not mentioned). The 4 A's are not specifically mentioned, and as such, ongoing use of Tramadol is not supported. Without the above issues clarified, this request is not medically necessary.

Prilosec 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, NSAIDs, specific drug list & adverse effects.

Decision rationale: According to the MTUS Chronic Pain Guidelines, Proton Pump Inhibitors are used to treat symptoms of gastritis, peptic ulceration, acid reflux, and/or dyspepsia related to non-steroidal anti-inflammatories (NSAIDs). There is no mention of the injured worker being at high risk for GI events, and/or intolerant to NSAIDs due to dyspepsia or otherwise. The request for Prilosec is not medically necessary.

Zipsor Q #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Zipsor.

Decision rationale: Zipsor is Diclofenac Potassium in liquid filled capsules. ODG does not recommend Diclofenac as first line for chronic pain as an NSAID secondary to increased side effect profile. As per MTUS Chronic Pain Guidelines, NSAIDs are useful for osteoarthritis related pain. Due to side effects, and risks of adverse reactions, MTUS recommends as low a dose as possible for as short a course as possible. Within the submitted records, there is no specific mention of failure to first line, traditional NSAID therapy such as Motrin (Ibuprofen). Also, long-term is not recommended. At this time, medical necessity has not been substantiated. Therefore, the request is not medically necessary.