

Case Number:	CM15-0168474		
Date Assigned:	09/01/2015	Date of Injury:	05/11/2005
Decision Date:	10/05/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/26/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

This is a 55-year-old male who sustained an industrial injury on 05-11-2005. Diagnoses include status post L4-L5 fusion. Treatment to date has included medication, nerve rhizotomies, spinal fusion and acupuncture. According to the progress notes dated 5-5-2015, the IW (injured worker) reported low back pain radiating to the bilateral lower extremities with numbness and tingling in the feet. The pain was rated 7 to 8 out of 10 and was aggravated by standing, walking and bending and improved with rest, medications and home exercise program. The IW had a history of nausea, heartburn and stomach pain, as well as muscle spasms. On examination, the lumbar paraspinal muscles, lumbosacral junction and sciatic notches were tender to palpation with spasm, range of motion was decreased and straight leg raise caused pain to the bilateral feet. Sensation was decreased in the L5-S1 dermatomes bilaterally. Medications were reportedly helpful and allowed performance of activities of daily living. A request was made for Omeprazole 20mg, #30 for gastric protection, Zanaflex 2mg, #120 for muscle spasms and Ativan 2mg, #30 for sleep due to previous medication failure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20mg #30 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking non-steroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. Protonix, Dexilant and Aciphex should be second line PPIs. In this case, the injured worker's working diagnoses are failed back syndrome; decompression surgery with fusion and instrumentation lower lumbar spine with residual right leg sciatica. Date of injury is May 11, 2005. Request for authorization is August 12, 2015. Request for authorization references a May 5, 2015 progress note. Subjectively, the injured worker complains of ongoing low back pain with radiation to the bilateral lower extremities. The remainder of the subjective section is illegible. Objectively, there is tenderness to palpation over the paraspinal muscle groups of the lumbosacral spine. The remainder of the objective section is illegible. The diagnoses in the progress note are illegible. Medications include Norco, Colace, Zanaflex and Ativan. The remainder of the medications are illegible. According to a QME dated February 6, 2013 medications include tizanidine (Zanaflex), Medrox, omeprazole, hydrocodone and lorazepam (Ativan). A medication order sheet states Lorazepam is being taken for sleep. There are no clinical indications or rationales for omeprazole and Zanaflex. There are no risk factors for gastrointestinal events or co-morbid conditions for gastrointestinal events. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation containing comorbid conditions or risk factors for G.I. events and no clinical indication or rationale for omeprazole. Omeprazole 20mg #30 is not medically necessary.

Zanaflex 2 mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Zanaflex 2 mg #120 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are failed back syndrome; decompression surgery with

fusion and instrumentation lower lumbar spine with residual right leg sciatica. Date of injury is May 11, 2005. Request for authorization is August 12, 2015. Request for authorization references a May 5, 2015 progress note. Subjectively, the injured worker complains of ongoing low back pain with radiation to the bilateral lower extremities. The remainder of the subjective section is illegible. Objectively, there is tenderness to palpation over the paraspinal muscle groups of the lumbosacral spine. The remainder of the objective section is illegible. The diagnoses in the progress note are illegible. Medications include Norco, Colace, Zanaflex and Ativan. The remainder of the medications are illegible. According to a QME dated February 6, 2013 medications include tizanidine (Zanaflex), Medrox, omeprazole, hydrocodone and lorazepam (Ativan). A medication order sheet states Lorazepam is being taken for sleep. There are no clinical indications or rationales for omeprazole and Zanaflex. Zanaflex is recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. The documentation, according to the QME dated February 6, 2013, indicates Zanaflex was prescribed in excess of two years. There are no compelling clinical facts to support the use of ongoing Zanaflex. There is no documentation demonstrating objective functional improvement to support ongoing Zanaflex. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation demonstrating objective functional improvement and continued treatment in excess of two years without compelling clinical facts to support its use, Zanaflex 2 mg #120 is not medically necessary.

Ativan 2 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Benzodiazepines.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ativan 2 mg #30 is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. In this case, the injured worker's working diagnoses are failed back syndrome; decompression surgery with fusion and instrumentation lower lumbar spine with residual right leg sciatica. Date of injury is May 11, 2005. Request for authorization is August 12, 2015. Request for authorization references a May 5, 2015 progress note. Subjectively, the injured worker complains of ongoing low back pain with radiation to the bilateral lower extremities. The remainder of the subjective section is illegible. Objectively, there is tenderness to palpation over the paraspinal muscle groups of the lumbosacral spine. The remainder of the objective section is illegible. The diagnoses in the progress note are illegible. Medications include Norco, Colace, Zanaflex and Ativan. The remainder of the medications are illegible. According to a QME dated February 6, 2013 medications include tizanidine (Zanaflex), Medrox, omeprazole, hydrocodone and lorazepam (Ativan). A medication order sheet states Lorazepam is being taken for sleep. Ativan is not indicated for sleep. Additionally, Ativan is not

recommended for long-term use (longer than two weeks). Ativan first appears in a QME dated February 6, 2013. Ativan has been prescribed in excess of two years, at a minimum. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, continued long-term use in contravention of the recommended guidelines and no appropriate clinical indication and rationale (not for sleep), Ativan 2 mg #30 is not medically necessary.