

<b>Case Number:</b>	CM15-0197548		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	03/22/2013
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 was a 55 year old female, who sustained an industrial injury, March 22, 2013. The injured worker was undergoing treatment for lumbar strain and or sprain mid lumbar, degenerative joint disease wrist, cervical trapezius strain and or sprain, left rotator cuff tendinosis and left long head biceps tenosynovitis. According to progress note of September 18, 2015, the injured worker's chief complaint was increased low back pain with increased radiculopathy left lower extremity. The injured worker also complained of right wrist continuous pain and swelling. The injured worker rated the pain at 4 out of 10 with pain medications and 7 out of 10 without pain medications. The physical exam noted paravertebral muscle guarding and spasms through Lumbar and sacral joints. The straight leg raises were positive on the left causing pain in the L4-L5 with decreased sensation. There was decreased range of motion in all planes. The left shoulder and left wrist exam was without changes. On January 22, 2015 the injured worker was taking Norco 10-325mg 3 times daily. The pain level at that time was 4 out of 10 with pain medication and 9 out of 10 without pain medications. The injured worker previously received the following treatments Norco 7.5-325mg 2 times daily, Zanaflex 2mg 2 times daily since January 22, 2015, Prilosec 20mg one times daily since January 22, 2015, Sonata 10mg 1 tablet daily since January 22, 2015 and 8 sessions physical therapy. The RFA (request for authorization) dated September 18, 2015; the following treatments were requested prescriptions for Prilosec 20mg #30, Zanaflex 25mg #120, Sonata 10mg #30 and lumbar spine MRI and Norco 7.5-325mg which was modified for weaning to #90. The UR (utilization review board) denied certification

on September 25, 2015; for Prilosec 20mg #30, Zanaflex 25mg #120, Sonata 10mg #30, lumbar spine MRI and Norco 7.5-325mg which was modified for weaning to #90.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 7.5/325 mg Qty 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. There is no documentation that the patient fits either of these criteria. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Norco 7.5/325 mg Qty 90 is not medically necessary.

**Prilosec 20 mg Qty 120:** Upheld

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

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (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. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. Prilosec 20 mg Qty 120 is not medically necessary.

**Zanaflex 2 mg Qty 120:** 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:** The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The patient has been taking the muscle relaxant for an extended period of time far longer than the short-term course recommended by the MTUS. Zanaflex 2 mg Qty 120 is not medically necessary.

**Sonata 10 mg Qty 30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Insomnia treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Insomnia treatment.

**Decision rationale:** Zaleplon (marketed under the brand names Sonata, Starnoc and Andante) is a sedative-hypnotic, almost entirely used for the management/treatment of insomnia. It is a non-benzodiazepine hypnotic from the pyrazolopyrimidine class. The Official Disability Guidelines do not recommend the long-term use of any class of sleep aid. The patient has been taking Sonata for at least as far back as 8 months. Sonata 10 mg Qty 30 is not medically necessary.

**MRI (magnetic resonance imaging), lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The MTUS states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. The medical record fails to document sufficient findings indicative of nerve root compromise which would warrant an MRI of the lumbar spine. MRI (magnetic resonance imaging), lumbar spine is not medically necessary.