MAXIMUS Federal Services

Case Number:	CM15-0022828		
Date Assigned:	02/12/2015	Date of Injury:	10/02/2008
Decision Date:	03/27/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/06/2015

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: 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 57 year old female, who sustained an industrial injury reported on 10/2/2008. She has reported improved low back pain on medication. The diagnoses were noted to have included lumbar stenosis with neural foraminal stenosis; lumbar disc disease with history of radiculopathy; and a current history of smoking. Treatments to date have included consultations; diagnostic imaging studies; and medication management. The work status classification for this injured worker (IW) was noted as not returned to work. The mostly illegible progress notes, dated 1/14/2015, indicate the risk factors which stem from her comorbidities of: hypertension, hypercholesterolemia, potential gastroesphageal reflux disease; coupled with her clear addictive personality given concurrent use of tobacco and opiates, were stated to place her at a higher risk for mortality. On 1/27/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 1/20/2015, for Norco 10/325mg #100, 1 tab 3 x a day, and with 1 tab daily as needed for severe pain; Zanaflex 4mg #30, 1 daily with 2 refills; and Nexium 40mg #30, 1 tab daily with 2 refills. A prior UR from 12/19/2014 was stated to have recommended the weaning of the chronic use of Norco, and the pursuit and titration of an optimal regimen of adjuvant medications such as tricyclic anti-depressants and SNRI anti-depressants, and/or anticonvulsants. The Medical Treatment Utilization Schedule, chronic pain physical medicine guidelines, Hydrocodone & Acetaminophen, muscle relaxants for pain, non-steroidal anti-inflammatories and gastrointestinal and cardiovascular risk; and the Official Disability Guidelines, pain, opioids criteria, Hydrocodone, proton-pump inhibitors, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-GoingManagement, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested NORCO 10/325 #100 , is not medically necessary.CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82,recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has low back pain. The treating physician has documented lumbar stenosis with neural foraminal stenosis; lumbar disc disease with history of radiculopathy; and a current history of smoking. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, NORCO 10/325 #100 is not medically necessary.

ZANAFLEX 4MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Page63-66.

Decision rationale: The requested ZANAFLEX 4MG #30, is not medically necessary.CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page63-66, do not recommend muscle relaxants as more efficacious that NSAID s and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has low back pain. The treating physician has documented lumbar stenosis with neural foraminal stenosis; lumbar disc disease with history of radiculopathy; and a current history of smoking. The treating physician has not documented spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, ZANAFLEX 4MG #30 is not medically necessary.

NEXIUM 40MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain ChapterProton pump inhibitors (PPIs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69 Page(s): 68-69.

Decision rationale: The requested NEXIUM 40MG #30 is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that" Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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 (e.g., NSAID + low-dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors. The injured worker has low back pain. The treating physician has documented lumbar stenosis with neural foraminal stenosis; lumbar disc disease with history of radiculopathy; and a current history of smoking. The treating physician has not documented trials of guideline-supported proton pump inhibitors such as Omeprazole, nor functional improvement from use of Nexium. The criteria noted above not having been met, NEXIUM 40MG #30 is not medically necessary.