

Case Number:	CM15-0022914		
Date Assigned:	02/12/2015	Date of Injury:	11/17/2011
Decision Date:	04/22/2015	UR Denial Date:	01/07/2015
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, Massachusetts

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 is a 65 year old female, who sustained an industrial injury on 11/17/2011. The diagnoses have included chronic pain syndrome and secondary myofascial syndrome. Noted treatments to date have included surgery, daily exercise, chiropractic treatment, massage, and medications. Diagnostics to date have included a repeat MRI which showed some minimal changes to the shoulder according to progress note. In a progress note dated 12/29/2014, the injured worker presented with complaints of mid back and neck pain. The treating physician reported a 30% reduction in pain with the current treatment plan. The physician stated the treatment plan involves Prilosec as a proton pump inhibitor for non-steroidal anti-inflammatory related gastritis. Diagnoses include cervical discogenic pain, myofascial pain and cervicogenic headaches. Utilization Review determination on 01/07/2015 non-certified the request for Klonopin, Zanaflex 2mg, Prilosec, and Tramadol citing Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to the MTUS guidelines, benzodiazepines such as the above medication is not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 week. Additionally, the guidelines state that tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The patient has been on this specific benzodiazepine medication for more than 4 weeks and there is no cited efficacy in the provided medical records to support continued use. Consequently, the medical records and cited guidelines do not support continued use of this medication at this time. The treatment is not medically necessary.

Zanaflex 2mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/antispasmodic drugs Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics, page(s) 64-66.

Decision rationale: Muscle relaxants are recommended as second line option for short-term treatment of acute exacerbations of muscle spasm in patients with chronic lower back pain. According to the cited guidelines, muscle relaxants provide no additional benefit in managing chronic back pain and spasm beyond NSAIDs, which the patient is already taking regularly. Additionally efficacy appears to diminish over time and prolonged use increases risk of dependence and tolerance. Consequently, the provided medical records and cited guidelines do not support continued long-term chronic use of muscle relaxants as being clinically necessary at this time. The treatment is not medically necessary.

Prilosac: 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 GI symptoms, page(s) 68.

Decision rationale: According to the medical records reviewed and the cited guidelines, the above medication is not clinically necessary for the following reasons: there is no evidence of medication related gastritis documented in the clinic record and the patient is not at increased risk of gastritis as risk factors including advanced age, history of peptic ulcer, gastrointestinal bleeding or concurrent use of NSAID with steroids or anticoagulants are lacking. CA MTUS guidelines state that the use of a prilosac should be limited to the recognized indications and not prescribed for prophylactic use if there are no risk factors documented. Additionally it is recommend that it be used at the lowest dose for the shortest possible amount of time

Considering lack of documented necessity, the medication does not appear to be clinically necessary at this time. The treatment is not medically necessary.

Tramadol: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, page(s) 76-96.

Decision rationale: CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. From my review of the provided medical records there is a description of quantifiable improvement with ongoing long-term use of short acting opioids such as the prescribed medication tramadol. However, the request for continued use of tramadol does not define the duration of treatment, dosage and frequency of tramadol use. Consequently continued use of short acting opioids is not supported by the medical records and guidelines as currently requested without dosage, frequency and duration specific. The treatment is not medically necessary.