

<b>Case Number:</b>	CM15-0216542		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	07/01/2005
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	10/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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: New York, West Virginia, Pennsylvania  
 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:

This is a 65 year old female who sustained a work-related injury on 7-1-05. Medical record documentation on 10-1-15 revealed the injured worker was being treated for lumbar spine sprain-strain with bilateral lower extremity radiculopathy, right shoulder sprain-strain, right knee sprain and right elbow olecranon bursa related to overuse. She was status post lumbar fusion on 6-23-15. She reported low back pain with no improvement following her lumbar spine surgery. She reported difficulty driving, sitting and standing due to pain and radiation of pain to the bilateral lower extremities. The evaluating physician noted she was failing to progress as expected with her treatment. Objective findings included ambulation with a front-wheeled walker and lumbosacral brace. She had decreased range of motion and decreased sensation of L4-S1 bilaterally. She had 1+ deep tendon reflexes of the bilateral lower extremities and +4 to 5 motor testing of the right lower extremity. She exhibited positive straight leg raise and positive Kemp's of the right greater than left lower extremity. Her treatment plan included surgical follow-up, lumbosacral MRI, and continued use of walker and brace. Her medication regimen included OxyContin 30 mg, Norco 10-325 mg (since at least 4-2-15), Zanaflex 2 mg and Axid 150 mg (since at least 4-2-15). An x-ray of the lumbar spine on 9-23-15 revealed surgical changes of fusion at L4-S1 and mild degenerative disc disease at L2-3. Previous medications included OxyContin, Seroquel, Lorazepam, Omeprazole and Carisoprodol. A request for Axid 150 mg #60, Zanaflex 2 mg #120 and Norco 10-325 #90 was received on 10-7-15. On 10-14-15, the Utilization Review physician determined Axid 150 mg #60 and Zanaflex 2 mg #120 was not medically necessary and modified Norco 10-325 mg #90 to #60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **60 Capsules of Axid 150mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR Axid.

**Decision rationale:** Guidelines state that Axid is indicated for short term treatment of active gastric and duodenal ulcers, erosive esophagitis, and symptomatic gastroesophageal reflux disease. Axid is not indicated for prophylaxis when one is taking an NSAID. In this case, there is no documentation of a gastroenterologic diagnosis or any causal influence. The request for Axid is not medically necessary or appropriate.

### **120 tablets of Zanaflex 2mg: 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): Muscle relaxants (for pain).

**Decision rationale:** Guidelines recommend muscle relaxants as a second line option for short term treatment of acute exacerbations of pain, but they do not show any benefit beyond NSAIDs. In this case, there is no evidence to suggest significant muscle spasm to warrant the use of this medication and there is no functional benefit noted. The request for Zanaflex 2 mg #120 is not medically appropriate and necessary.

### **90 tablets of Norco 10/325mg: Upheld**

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

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

**Decision rationale:** The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. There is no evidence of significant pain relief or increased function

from the opioids used to date. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. However, specific functional goals, random drug testing, and opioid contract were not discussed. Therefore, the request for Norco 10/325 mg #90 is not medically necessary.