

Case Number:	CM15-0216897		
Date Assigned:	11/06/2015	Date of Injury:	12/03/1996
Decision Date:	12/18/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/04/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51 year old female, who sustained an industrial injury on 12-03-1996. She has reported injury to the neck. The diagnoses have included chronic myofascial pain syndrome developing from repetitive cumulative trauma with sprain-strain mechanism to the cervical spine in the upper extremities; MRI of the cervical spine revealing severe spondylotic change; mild carpal tunnel syndrome right hand with positive nerve conduction studies; and possible fibromyalgia versus myofascial pain syndrome with associated depression. Treatment to date has included medications, diagnostics, acupuncture, injections, and physical therapy. Medications have included Percocet, Oxycodone IR, Neurontin, Zanaflex, Wellbutrin XL, and Omeprazole. A progress report from the treating physician, dated 10-20-2015, documented an evaluation with the injured worker. The injured worker reported frequent headaches; burning sensation across her neck and shoulder girdle; pain and weakness in her arms; depression; she rates her pain at 8 out of 10 in intensity, at best a 4 out of 10 with medications, and a 10 out of 10 without them; and she is reporting a 50% reduction in pain and functional improvement with activities of daily living with the medications, versus not taking them at all. Objective findings included the neck and back exam continue to reveal multiple areas of trigger point tenderness; positive "jump sign" throughout the cervical, thoracic, and lumbar paraspinal musculature; motor strength, sensation, and deep tendon reflexes are grossly intact in the upper and lower extremities; she continues to exhibit positive Phalen's and Tinel's signs in her hands; and there is tenderness over the elbows over the medial epicondyles with positive Cozen's maneuvers. The provider noted laboratory testing, dated 09-02-2015, had revealed elevated liver enzymes. The

provider noted that he will "stop Percocet because of Tylenol use"; "we will put her on Oxycodone without Tylenol for pain"; "she is under a narcotic contract with our office"; and "urine drug screens have been appropriate". The treatment plan has included the request for Omeprazole 20 mg #30; Oxycodone IR 15 mg #180; and Zanaflex 6 mg #60. The original utilization review dated 10-30-2015, non-certified the request for Omeprazole 20 mg #30; modified the request for Oxycodone IR 15 mg #180, to Oxycodone IR 15 mg #60; and modified the request for Zanaflex 6 mg #60, to Zanaflex 6 mg #20.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability Guidelines, Pain procedure summary.

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

Decision rationale: The claimant has a remote history of a work injury in December 1996 and is being treated for headaches and neck and bilateral upper extremity pain. Medications are referenced as decreasing pain from 10/10 to 4/10 with a 50% improvement in activities of daily living. When seen, she had continued areas of multiple trigger point tenderness in the neck and back. There were positive Tinel, Phalen, and Cozen tests bilaterally. At the previous visit baclofen had been changed to Zanaflex. Norco was being prescribed and was changed to oxycodone due to concern over chronic use of acetaminophen. The total MED (morphine equivalent dose) was decreased from 60 to 45 mg per day. Omeprazole, Neurontin, Zanaflex, and Wellbutrin XL were continued. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is not taking an oral NSAID. The continued prescribing of omeprazole is not medically necessary.

Oxycodone IR 15 mg #60: Overturned

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): Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment, Opioids, criteria for use.

Decision rationale: The claimant has a remote history of a work injury in December 1996 and is being treated for headaches and neck and bilateral upper extremity pain. Medications are referenced as decreasing pain from 10/10 to 4/10 with a 50% improvement in activities of daily living. When seen, she had continued areas of multiple trigger point tenderness in the neck and back. There were positive Tinel, Phalen, and Cozen tests bilaterally. At the previous visit

baclofen had been changed to Zanaflex. Norco was being prescribed and was changed to oxycodone due to concern over chronic use of acetaminophen. The total MED (morphine equivalent dose) was decreased from 60 to 45 mg per day. Omeprazole, Neurontin, Zanaflex, and Wellbutrin XL were continued. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. Oxycodone is an immediate release short acting medication used for intermittent or breakthrough pain. In this case, it was being prescribed as a substitute for Norco which had been effective. There were no identified issues of abuse or addiction and the total MED prescribed was less than 120 mg per day consistent with guideline recommendations. Prescribing is medically necessary.

Zanaflex 6 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official disability Guidelines, Pain procedure summary.

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

Decision rationale: The claimant has a remote history of a work injury in December 1996 and is being treated for headaches and neck and bilateral upper extremity pain. Medications are referenced as decreasing pain from 10/10 to 4/10 with a 50% improvement in activities of daily living. When seen, she had continued areas of multiple trigger point tenderness in the neck and back. There were positive Tinel, Phalen, and Cozen tests bilaterally. At the previous visit baclofen had been changed to Zanaflex. Norco was being prescribed and was changed to oxycodone due to concern over chronic use of acetaminophen. The total MED (morphine Zanaflex (tizanidine) is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain. In this case, there is no identified new injury or acute exacerbation and it is being prescribed on a long-term basis. The claimant does not have spasticity due to an upper motor neuron condition. It is not medically necessary.