

<b>Case Number:</b>	CM15-0037903		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	07/23/2007
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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 61-year-old male who sustained an industrial injury on 07/23/2007. Diagnoses include multilevel T5-T8 degenerative disc disease without spinal cord compression or spinal stenosis, and chronic lumbar radiculopathy at L4-5, and L5-S1, pain in thoracic spine, myofascial pain syndrome, as well as compensatory gastritis. He had a hernia repair last week without complications. Treatment to date has included medications, thoracic and lumbar epidurals, physical therapy, and chiropractic treatments. A physician progress note dated 09/29/2014 documents the injured worker has pain rated 8 out of 10 on the Visual Analog Scale. There is no change in his pain but he had fallen recently and pain increased. He complains of numbness in his legs and pain throughout his back. He has had no success with epidurals and physical therapy. He takes 3-5 Norco a day without relief. He is ordered 3 a day. It is documented Norco remains mildly effective. He also takes omeprazole 20mg twice a day for gastritis, and Tizanidine for spasms. He ambulating using a front wheeled walker. Mid to low back pain continues and he has associated muscle spasms. Pain is described as constant burning, cramping and aching. Nothing really makes it better. Treatment requested is for Norco 10/325 #100, Omeprazole 20mg #60, and Tizanidine 2mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 #100:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Effective July 18, 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p 86 Page(s): 8, 76-80, 86.

**Decision rationale:** The claimant is more than 7 years status post work-related injury and continues to be treated for low back pain. When seen by the requesting provider, Norco was providing 50% pain relief lasting for 3-4 hours. He has a history of gastritis but is not taking a non-steroidal anti-inflammatory medication. Tizanidine was prescribed for an exacerbation of low back pain. The requesting provider documents muscle tenderness with decreased and painful range of motion. 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. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.

**Tizanidine 2mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Effective July 18, 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), p63-66 Page(s): 63-66.

**Decision rationale:** The claimant is more than 7 years status post work-related injury and continues to be treated for low back pain. When seen by the requesting provider, Norco was providing 50% pain relief lasting for 3-4 hours. He has a history of gastritis but is not taking a non-steroidal anti-inflammatory medication. Tizanidine was prescribed for an exacerbation of low back pain. The requesting provider documents muscle tenderness with decreased and painful range of motion. 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. Short-term use is recommended. In this case, the claimant was having an exacerbation of low back pain and this was an initial prescription. It was therefore medically necessary.

**Omeprazole 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Effective July 18, 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-71 Page(s): 68-71.

**Decision rationale:** The claimant is more than 7 years status post work-related injury and continues to be treated for low back pain. When seen by the requesting provider, Norco was providing 50% pain relief lasting for 3-4 hours. He has a history of gastritis but is not taking a non-steroidal anti-inflammatory medication. Tizanidine was prescribed for an exacerbation of low back pain. The requesting provider documents muscle tenderness with decreased and painful range of motion. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. The claimant does not have identified risk factors for a GI event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. He is not taking a non-steroidal anti-inflammatory medication. There is no documentation of ongoing dyspepsia secondary to NSAID therapy. In this scenario, guidelines do not recommend that a proton pump inhibitor such as omeprazole be prescribed.