

Case Number:	CM15-0052423		
Date Assigned:	03/25/2015	Date of Injury:	03/19/1985
Decision Date:	05/01/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/19/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 60 year old female who sustained an industrial injury on 3/19/85 involving her neck and left shoulder. She currently complains of ongoing pain in the neck, left shoulder and bilateral upper extremities. In addition she complains of back pain. Medications include gabapentin, Zantac, tizanidine and APAP w/ Codeine. Diagnoses include C2-3,3-4,4-5,5-6,6-7 herniated nucleus pulposus; mild thoracic spine herniated nucleus pulposus; bilateral upper extremity numbness. Treatments to date include medications, which are helpful; acupuncture, which is helpful in alleviating symptoms. In the progress note dated 1/30/15 the treating provider's plan of care includes APAP w/ Codeine for pain; tizanidine for muscle spasms; Zantac for stomach protection.

IMR ISSUES, DECISIONS AND RATIONALES

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

APAP with codeine 300/30mg #60, one p.o. q6-BH p.r.n. with two units: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: APAP with codeine 300/30mg #60, one p.o. q6-BH p.r.n. with two units is not medically necessary per the MTUS Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on long term opioids without significant functional improvement therefore the request for APAP with codeine 300/30mg #60, one p.o. q6-BH p.r.n. with two units is not medically necessary.

Tizanidine 4mg #60, one p.o. b.i.d, p.r.n.: 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 (for pain)- Page(s): 63.

Decision rationale: Tizanidine 4mg # 60 one p.o. b.i.d., p.r.n. is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that muscle relaxants are recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. The documentation indicates that the patient has chronic low back pain rather than acute and has been on this medication long term. There is no evidence of functional improvement on prior Tizanidine therefore the request for Tizanidine 4mg is not medically necessary.

Zantac 150mg #60, one p.o. b.i.d.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

Decision rationale: Zantac 150mg #60, one p.o. b.i.d. is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (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). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced

dyspepsia. The documentation does not indicate that the patient meets the criteria for a proton pump inhibitor therefore the retrospective request for Zantac is not medically necessary.