

Case Number:	CM15-0089387		
Date Assigned:	05/13/2015	Date of Injury:	10/30/1999
Decision Date:	06/17/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/08/2015

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

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 66 year old male who sustained an industrial injury on October 30, 1999. Previous treatment includes MRI of the thoracic spine, bilateral carpal tunnel release, cervical discectomy and foraminotomies, cervical plating, bilateral shoulder subacromial decompressions and arthroscopies, lumbar decompression and fusion, and lumbar hardware removal. Currently the injured worker complains of low back and neck pain. He reports that he is limited with activities of daily living and manages his pain with medications. He reports that his pain is rated a 5 on a 10 point scale and is located in his neck and low back. He describes the pain as constant and intense. On physical examination his motor strength is within normal limits and he uses a cane for assistance with ambulation. He has tenderness to palpation and limited range of motion in the cervical and lumbar spine. Diagnoses associated with the request include cervical radiculopathy, lumbar spine pain and failed back syndrome of the lumbar spine. The treatment plan includes urine drug screen, MSir, Cymbalta, Lidoderm patch, Prevacid, and Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 2mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63-66.

Decision rationale: Regarding the request for tizanidine (Zanaflex), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that tizanidine specifically is FDA approved for management of spasticity; unlabeled use for low back pain. Guidelines recommend LFT monitoring at baseline, 1, 3, and 6 months. Within the documentation available for review, there is no indication that Zanaflex is improving the patient's pain or function, as the patient continues to have moderate to severe pain despite taking his medication. Furthermore, there is no evidence of appropriate liver function testing, as recommended by guidelines. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. This worker has long standing chronic pain. Given this, the currently requested tizanidine (Zanaflex), is not medically necessary.

Transdermal patch #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 112.

Decision rationale: Regarding request for topical Lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the first line therapy such as tricyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient has failed first-line therapy, as the patient is tolerating Cymbalta without documented treatment failure. Additionally, there is no documentation of analgesic effect or objective functional improvement as a result of the currently prescribed Lidoderm. As such, the currently requested Lidoderm is not medically necessary.

Prevacid 30mg #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Katz PO, Gerson LB, Vela MF. Guidelines for the diagnosis and management of gastroesophageal reflux disease. Am J Gastroenterol. 2013 Mar; 108(3): 308-28. Lanza FL, Chan FKL, Quigley EMM, Practice Parameters Committee of the American College of Gastroenterology. Guidelines for prevention of NSAID-related ulcer complications. Am J Gastroenterol 2009 Mar; 104(3): 728-38.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitor Page(s): 68-69.

Decision rationale: Regarding the request for lansoprazole (Prevacid), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient is currently using NSAID, no diagnosis of dyspepsia, or is at risk for gastrointestinal event. In light of the above issues, the currently requested Prevacid is not medically necessary.