

Case Number:	CM14-0007387		
Date Assigned:	02/07/2014	Date of Injury:	12/29/2009
Decision Date:	09/17/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/16/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 62-year-old female who has filed a claim for cervical disc degeneration associated with an industrial injury date of December 29, 2009. Review of progress notes indicates improving neck pain and headaches. Patient reports right-sided neck pain radiating to the right occipital area with stiffness, tingling and numbness in the arms, and weakness in the left arm. Patient reports difficulty swallowing. Patient also notes low back pain radiating down the left leg with numbness and tingling of the anterolateral thigh. Findings include decreased range of motion of the lumbar and cervical spine with muscle guarding; and tenderness and with presence of trigger points along the cervical paraspinal muscles, right more than left. Cervical MRI dated May 06, 2010 showed C3-4 herniation with mild central canal stenosis, small disc protrusion at C4-5 to the left, right disc bulge at C5-6, and focal central tear at C6-7. Treatment to date has included NSAIDs, opioids, gabapentin, muscle relaxants, Medrox cream, Thermacare patches, chiropractic therapy, pain management, home exercise program, lumbar epidural steroid injection, Utilization review from January 16, 2014 denied the requests for tizanidine 2mg #30 as this is not recommended for long-term use; Prilosec DR 20mg #30 as there was no documentation of GI distress symptoms and/or risk factors; Thermacare patches #53 as there is no support for use; hydrocodone/APAP 7.5/300mg #45 as there is no documentation of efficacy; and kidney and liver function panel as medications were not authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 2 mg, thirty count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP (low back pain). They may be effective in reducing pain and muscle tension, and increasing mobility. However, they show no benefit beyond NSAIDs in pain and overall improvement. Tizanidine is FDA approved for management of spasticity. Patient has been on this medication since April 2013. Patient notes leg cramps within three to four days upon discontinuation of this medication in November 2013. In this case, a short course of therapy with tizanidine is recommended to manage the patient's acute leg cramps. Therefore, the request for tizanidine 2 mg, thirty count, is medically necessary and appropriate.

Prilosec DR 20 mg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are used in patients on NSAID therapy who are at risk for GI events. Risk factors includes age greater than 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPI (proton pump inhibitor) greater than one year has been shown to increase the risk of hip fracture. Patient has been on this medication since April 2013. However, there is no documentation regarding the abovementioned risk factors in this patient. There is note that this patient experiences gastrointestinal discomfort with intake of medications, but there is no description regarding this. Therefore, the request for Prilosec DR 20 mg, thirty count, is not medically necessary or appropriate.

Thermacare patches (one box of large patches, and one box of small patches), total quantity of 53: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299-300.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Cold/heat packs.

Decision rationale: The California Medical Treatment Utilization Section (CA MTUS) does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. ODG low back chapter states that cold/hot packs are recommended as an option for acute pain. Patient has been using this since April 2013. In this case, the patient does not present with acute exacerbation of pain. There is also no documentation regarding benefit derived from the use of this modality. The request for Thermacare patches (one box of large patches, and one box of small patches), total quantity of 53, is not medically necessary or appropriate.

Hydrocodone/APAP 7.5/300 mg, 45 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; On-Going Management Page(s): 78-82.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Patient has been on this medication since April 2013 There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. Progress notes report similar symptoms since early 2013. Also, there is no documentation regarding periodic urine drug screens to monitor medication use. Therefore, the request for hydrocodone/APAP 7.5/300 #45 is not medically necessary or appropriate.

Kidney function panel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1490088/>.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Journal of General Internal Medicine was used instead. Literature concludes that a large proportion of patients receiving selected chronic medications do not receive recommended laboratory monitoring in the outpatient setting. In this case, the patient does not present with a history or signs and symptoms of renal disease, or of factors such as ongoing chronic NSAID use to support this request. Therefore, the request for kidney function panel is not medically necessary or appropriate.

One liver function panel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 70.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Liver Function Tests, Medline Plus
<<http://www.nlm.nih.gov/medlineplus/ency/article/003436.htm>.

Decision rationale: CA MTUS does not specifically address liver function tests; however, according to Medline Plus from the US National Library of Medicine and National Institutes of Health, liver function tests are common lab tests used to evaluate how well the liver is working. In this case, there was no discussion regarding the indication for requesting liver function tests. There was only a mention of liver disease in the family history. However, the medical records did not report symptoms or physical examination findings of a possible liver problem. There is no clear indication for ordering such laboratory test; therefore, the request for liver function panel is not medically necessary or appropriate.