

<b>Case Number:</b>	CM14-0110769		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	07/31/2013
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 58-year-old female with a date of injury of 07/31/2013. The listed diagnoses per [REDACTED] are: 1. C-spine spondylosis. 2. Thoracic spine sprain/strain with right side radiculopathy. 3. Close head trauma with headaches. 4. Stress and loss of sleep. According to progress report on 06/26/2014, the patient presents with continued neck pain and stiffness and ongoing right lower extremity pain with numbness and tingling. The patient rates her pain 8/10 with medication and 9/10 without medication. Objective findings reveal tenderness to the cervical and lumbar paravertebral muscle with decreased range of motion and decreased sensation on the right along the L5-S1 dermatome. The patient was instructed to continue home exercise program and stretching. This is a request for refill of Norco 5/325 mg #60, Nexium 40 mg #30, Zanaflex 4 mg #60, and Celebrex 200 mg #30. Utilization review denied the request on 07/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88-89.

**Decision rationale:** This patient presents with continued neck pain and stiffness and ongoing right lower extremity pain with numbness and tingling. The treating physician is requesting a refill of Norco 5/325 mg #60. MTUS page 78 also requires documentation of the 4 A's (analgesia, activities of daily living (ADLs), adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical file indicates the patient has been prescribed this medication since at least 03/06/2014. The treating physician does provide a numerical scale indicating decrease in pain with current medication regimen. However, there are no discussions of functional improvement or quality of life change for long-term opioid use. Furthermore, a drug screen is not provided as required by MTUS. The request is not medically necessary.

**Nexium 40mg, #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 (ODG), Proton Pump Inhibitors: Nexium.

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

**Decision rationale:** This patient presents with continued neck pain and stiffness and ongoing right lower extremity pain with numbness and tingling. The treating physician is requesting a refill of Nexium 40 mg #30. The MTUS Guidelines page 68 and 69 state that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. The patient has been taking NSAID on a long term basis, but the treating physician does not document dyspepsia or any GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. The request is not medically necessary.

**Zanaflex 4mg, #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants; Zanaflex.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 66.

**Decision rationale:** This patient presents with continued neck pain and stiffness and ongoing right lower extremity pain with numbness and tingling. The treating physician is requesting a refill of Zanaflex 4 mg #60. The MTUS Guidelines page 66 allows for the use of Zanaflex (Tizanidine) for low back pain, myofascial pain, and fibromyalgia. Review of the medical file

indicates the patient has been taking this medication since at least 03/06/2014. In this case, review of progress reports from 03/06/2014 to 06/26/2014 indicates with a pain scale, that the patient is receiving a decrease in pain with the current medication regimen, which includes Zanaflex. This request is medically necessary.

**Celebrex 200mg, #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain , Anti-inflammatory medications , NSAIDs Page(s): 60, 61, 22, 67, 68.

**Decision rationale:** This patient presents with continued neck pain and stiffness and ongoing right lower extremity pain with numbness and tingling. The treating physician is requesting a refill of Celebrex 200 mg #30. For anti-inflammatory medications, the MTUS Guidelines page 22 states, "Anti-inflammatories are the first line of treatment to reduce pain, so activity and functional restoration can resume. The long term use may not be warranted." Review of the medical file indicates the patient has been taking this medication since at least 03/06/2014. In this case, review of progress reports from 03/06/2014 to 06/26/2014 indicates with a pain scale, that the patient is receiving a decrease in pain with the current medication regimen, which includes Celebrex. This request is medically necessary.