

Case Number:	CM14-0143085		
Date Assigned:	09/10/2014	Date of Injury:	02/14/2003
Decision Date:	10/10/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/04/2014

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:

This is a 60-year-old male with a 2/14/03 date of injury. The mechanism of injury occurred when he slipped on a wet floor and injured his back, right knee, and neck. According to a progress report dated 7/29/14, the patient complained of low back pain and lower extremity radiating symptoms. He stated that his low back pain was a 5/10 and his right knee pain was an 8/10. Objective findings: bilateral knees have significant crepitus especially at the right with full range of motion and tenderness throughout, tenderness to the lumbar paraspinal muscles. Diagnostic impression: status post discectomy, posterior fusion at L3-L4, 2009; status post L4-L5 and L5-S1 decompressive surgery and posterior fusion, 3/2005; status post C3 to C7 decompression and fusion for cervical myelopathy, 2/2004; right carpal tunnel release, 6/2005; bilateral knee pain. Treatment to date: medication management, activity modification, physical therapy, acupuncture, ESI, surgeries. A UR decision dated 8/15/14 denied the requests for right knee x-rays and Zanaflex and modified the request for Prilosec from 240 tablets to 30 tablets plus 1 refill. Regarding x-rays, there is insufficient documentation of positive exam findings consistent with pathology, such as a positive McMurray's or the inability to bear weight or walk steps. Regarding Prilosec, the patient is currently being prescribed opiates with acetaminophen, which carries an inherent risk of subsequent GI issues, therefore this request was modified to a 2-month supply. Regarding Zanaflex, there is no documented functional improvement from any previous use in this patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee X-ray: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 17th Edition, 2012, ODG; Knee Chapter, indications for Imaging--X-rays

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: CA MTUS states that for patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. There is no documentation that the patient has failed conservative therapy. There is no documentation that the patient has had an acute trauma to the right knee. Therefore, the request for right knee X-ray is not medically necessary.

Prilosec 20 mg #120 dispensed on 07/29/14: 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 9792.24.2 Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Other Medical Treatment Guideline or Medical Evidence: FDA (Prilosec)

Decision rationale: MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Prilosec is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. There remains no report of gastrointestinal complaints or chronic NSAID use. The patient is noted to be taking the opioid medication Percocet and using Prilosec prophylactically. However, it is noted that the patient has been taking Prilosec two times daily, whereas Prilosec is appropriately dosed at 1 tablet daily. The request for Prilosec 20mg #120 dispensed on 7/29/14 is not medically necessary.

Zanaflex 4 mg #240 dispensed on 07/29/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex, generic available) Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 63-66.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Tizanidine (Zanaflex) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity and off label use for low back pain. In addition, MTUS also states that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. It is documented that the patient has been taking Zanaflex since at least 4/8/14. Guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation of an acute exacerbation of the patient's pain. Therefore, the request for Zanaflex 4mg #240 dispensed on 7/29/14 is not medically necessary.