

Case Number:	CM14-0165651		
Date Assigned:	10/10/2014	Date of Injury:	11/15/1999
Decision Date:	11/12/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/08/2014

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 60 year old with an injury date on 11/15/99. The patient complains of lumbar pain that radiates down the left lower extremity with some numbness/weakness, with pain rated 7/10 per 9/22/14 report. The patient states that he has occasional sleep disturbance due to the pain per 9/22/14 report. Based on the 9/22/14 progress report provided by [REDACTED] the diagnoses are: 1. spondylosis lumbar 2. stenosis lumbar 3. radiculopathy L/S/T An exam on 9/22/14 showed "L-spine range of motion restricted, antalgic gait, and straight leg raise negative bilaterally." [REDACTED] is requesting omeprazole 20mg #30, Zanaflex 9mg #60, and Norco 10/325mg #160. The utilization review determination being challenged is dated 10/8/14. [REDACTED] is the requesting provider, and he provided treatment reports from 1/28/13 to 9/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI symptoms & cardiovascular risk Page(s): 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Prilosec

Decision rationale: This patient presents with back pain and left leg pain. The physician has asked for omeprazole 20mg #30 on 9/22/14. The patient has been taking Prilosec since 1/28/13 report. Regarding Prilosec, MTUS does not recommend routine prophylactic use along with NSAID. GI risk assessment must be provided. There is no documentation of any GI issues such as GERD, gastritis or PUD. The physician does not explain why this medication needs to be continued other than for presumed stomach upset. MTUS does not support prophylactic use of PPI without GI assessment. The patient currently has no documented stomach issues. The request is not medically necessary.

Zanaflex 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

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

Decision rationale: This patient presents with back pain and left leg pain. The physician has asked for Zanaflex 9mg #60 on 9/22/14. The patient has been taking Zanaflex since 1/28/13 report. Regarding Zanaflex, MTUS recommends for management of spasticity, low back pain, myofascial pain and fibromyalgia. This patient does present with low back pain but reviews of the reports do not discuss whether or not this medication is doing anything to improve pain and function. MTUS page 60 require documentation of pain and function when medications are used for chronic pain. Given the lack of documentation regarding efficacy, the request is not medically necessary.

Norco 10/325 #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS, CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: This patient presents with back pain and left leg pain. The physician has asked for Norco 10/325mg #160 on 9/22/14. Patient has been taking Norco since 1/28/13 report. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, 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. In this case, the physician documents, "patient states they are doing well with their analgesics. Patient states the pain symptoms are currently at a manageable level and they are able to function" per 11/26/13 report. But there are no documentations of specific ADL's to determine significant improvement, no pain scales or

use of validated functional measures, no quality of life changes. The physician does provide a consistent UDS from 9/22/14. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. The request is not medically necessary.