

Case Number:	CM14-0181138		
Date Assigned:	11/05/2014	Date of Injury:	05/11/2008
Decision Date:	12/09/2014	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	10/31/2014

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 Family Practice 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 case involves a 38 year old male injured worker who sustained a work injury on 5/11/08 involving the neck, low back left knee and left arm. He had a left radial fracture and underwent an ORIF, and left knee arthroscopy. His current medications include Zanaflex, non-steroidal anti-inflammatory drugs (NSAIDs) and Prilosec since at least January 2014 for muscle spasms. A progress note on 10/9/14 indicated the injured worker had continued pain in the neck, back, left shoulder and left wrist. He had been continuing physical therapy. The treating physician recommended continuing Zanaflex along with Norco and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Prilosec 20mg #120: 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), PPIs

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

Decision rationale: According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with non-steroidal anti-inflammatory drugs (NSAIDs) for those with high risk of gastrointestinal (GI) events such as bleeding, perforation, and concurrent anticoagulation/anti-

platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the injured worker at risk. Therefore, the continued use of Prilosec is not medically necessary.

1 prescription for Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, opioids are not indicated at 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the injured worker had been on non-steroidal anti-inflammatory drugs (NSAIDs). There was no indication of Tylenol failure. There is no evidence that an opioid is superior to Opioids. There is also no opioid contract or pain scale assessment. Therefore, the request for Norco is not medically necessary.

1 prescription for Zanaflex 4mg #30 with 1 refill: Upheld

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

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

Decision rationale: According to the guidelines, Zanaflex is approved for spasms but unlabeled for back pain. Muscle relaxants are caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). They show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the injured worker had been on Zanaflex for months. There is no indication for continued long-term use. As such, this request is not medically necessary.