

Case Number:	CM14-0092968		
Date Assigned:	09/19/2014	Date of Injury:	02/06/2011
Decision Date:	12/31/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/18/2014

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 Medicine, has a subspecialty in Clinical Informatics and is licensed to practice in Pennsylvania. 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 worker sustained an injury on February 6, 2011. His diagnoses include status post lumbar fusion L3-S1 with instrument fixation, cervical myoligamentous sprain and strain, depression and anxiety secondary to industrial injury, GI complaints, and very low Vitamin D level. CT of the lumbar spine March 21, 2014 showed postsurgical changes, bilateral degenerative facet hypertrophy at L2-3, mild posterior osteophytes at L3-4 and L4-5, and right L5-S1 neuroforaminal narrowing. Examination on May 6, 2014 revealed tenderness and limited range of motion of the cervical spine and low back. The treatment plan on May 6, 2014 by pain management included Exalgo 12 mg 2 tablets daily, #60, MSIR 15 mg 1 tablet twice daily, #60, Zanaflex 4 mg twice daily as needed for muscle spasm, Omeprazole twice daily for medication-induced gastritis, physical therapy, psychotropic medications and psychotropic follow-ups, Magnesium Glycinate 200 to 800 g per day along with Vitamin D3 5000 IU.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exalgo: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: According to the MTUS guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. In this case, there is insufficient documentation of the assessment of pain, function and side effects in response to opioid use to substantiate the medical necessity for Exalgo. Therefore, this request is not medically necessary.

Omeprazole: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16, 66, 68, 84.

Decision rationale: The MTUS does not specifically address the use of proton pump inhibitors such as Omeprazole for gastritis related to psychotropics, muscle relaxants or opioids. Gastritis is not listed among the side effects related to these drugs. Gastritis is a known side effect in certain individuals taking NSAIDs. The MTUS is clear regarding specific risk factors for gastrointestinal events including age greater than 65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID. The record does not indicate this worker has these risk factors or is taking an NSAID. Furthermore, although the record states this worker has medication induced gastritis; it does not include any signs or symptoms to suggest this worker has gastritis or is at risk for gastritis. Therefore, Omeprazole is not medically necessary.

Zanaflex: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63, 68, 78.

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

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In most low back pain cases, they show no benefit beyond NSAID's or in combination with NSAID's in pain and overall improvement. Efficacy diminishes over time. The medical documentation does not indicate an

acute exacerbation of low back pain or provide any justification for the continued long term use of this medication and there is no indication that this worker is continuing to benefit from this medication. Therefore, this request is not medically necessary.

MSIR: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. In this case, there is insufficient documentation of the assessment of pain, function and side effects in response to opioid use to substantiate the medical necessity for MSIR. Therefore, this request is not medically necessary.