

Case Number:	CM14-0099149		
Date Assigned:	09/16/2014	Date of Injury:	06/28/2012
Decision Date:	10/15/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/27/2014

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 Pain Management 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 39-year-old male with a date of injury of 06/28/2012. The listed diagnosis per [REDACTED] is chronic low back pain, diskogenic in nature. According to progress report 06/04/2014, the patient has back pain without significant change. He has been taking on average 1 Norco per day and he was advised that he can increase his intake. His current medication regimen includes naproxen 550 mg, Norco 10/325 mg, omeprazole 20 mg, and tizanidine 4 mg. Examination of the lower back revealed tenderness in the lower thoracic spine and tenderness in the medial lumbar region. There is also tenderness noted in the paralumbar musculature. Treater is requesting chronic pain management outpatient program with [REDACTED], tizanidine 4 mg #120 and omeprazole 20 mg #30. Utilization review denied the request on 06/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chronic Pain management program (No duration or frequency noted): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-33.

Decision rationale: This patient presents with chronic low back pain. The treater is requesting "authorization for chronic pain management outpatient program with [REDACTED]." The treater does not provide a rationale for the request and does not indicate duration of participation in the program. The MTUS page 30 to 33 recommends functional restoration programs and indicates if may be considered medically necessary when all criteria are met including, (1) adequate and thorough evaluation has been made, (2) previous methods of treating chronic pain have been unsuccessful, (3) significant loss of ability to function independently resulting from the chronic pain, (4) not a candidate for surgery or other treatment would clearly be, (5) the patient exhibits motivation to change, (6) negative predictors of success above have been addressed. In this case, an evaluation has not taken place. MTUS states functional restoration programs are indicated only after adequate and thorough evaluation has been made. The request for Chronic Pain Management Program is not medically necessary.

Tizanide 4 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY/ANTISPASMODIC DRUGS Page(s): 66.

Decision rationale: This patient presents with chronic low back pain. The treater is requesting a refill of tizanidine 4 mg #120. 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 prescribed this medication since at least 03/03/2014. Review of subsequent reports provides discussions regarding efficacy of Norco but no discussion regarding the efficacy of tizanidine. There is no documentation of functional improvement or decrease in pain with taking this medication. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. The request for Tizanide 4 mg #120 is not medically necessary.

Omeprazole 20 mg #30: Upheld

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

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

Decision rationale: This patient presents with chronic low back pain. The treater is requesting a refill of omeprazole 20 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. Review of the medical file indicates the patient has been concurrently prescribed Naproxen and Prilosec since at least 02/17/2014. The patient has been taking NSAID on a long term basis, but the treater does

not document dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. The request for Omeprazole 20 mg #30 is not medically necessary.