

Case Number:	CM14-0213494		
Date Assigned:	12/31/2014	Date of Injury:	11/17/2011
Decision Date:	02/25/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 64-year-old female with date of injury of 11/17/2011. The listed diagnoses from 10/15/2014 are: 1. Cervical discogenic pain. 2. Cervical myofascial pain. 3. Cervicogenic headaches. 4. Left lower extremity radiculopathy. 5. Chronic pain syndrome. 6. Myofascial syndrome. According to this report, the patient complains of midback and neck pain. The patient is flared and suffers from chronic pain syndrome and secondary myofascial pain syndrome. She is experiencing some breakthrough cervical and upper extremity pain. This is consistent with left upper extremity radiculopathy with some weakness in the left upper extremity radiating from the neck to the left upper extremity. Examination shows tightness in the cervical spine. Myofascial restrictions are noted in the left levator and rhomboid groups. Straight leg raise is negative bilaterally. Cervical range of motion is 60 degrees rotation on the right, 30 degrees rotation to the left. Treatment reports from 05/27/2014 to 10/15/2014 were provided for review. The Utilization Review denied the request on 12/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risks Page(s): 68-69.

Decision rationale: The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states, " Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions." MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The records show that the patient was prescribed Prilosec on 05/27/2014. The 10/15/2014 report notes that the patient has an NSAID-related gastritis and takes Prilosec to treat these conditions. While the MTUS Guidelines support the use of PPIs for patients with gastrointestinal issues, the current request fails to provide a quantity for the request. The request is not medically necessary.

Zanaflex 2mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex, generic available) Page(s): 63-66.

Decision rationale: This patient presents with midback and neck pain. The treater is requesting Zanaflex 2 mg. The MTUS Guidelines page 63 to 66 states, "Tizanidine (Zanaflex, generic available) is a centrally acting alpha-2 adrenergic agonist that is FDA-approved for management of spasticity; unlabeled for low back pain demonstrated significant decrease in pain associated with chronic myofascial pain syndrome." The record shows that the patient was prescribed Zanaflex on 05/27/2014. None of the reports document medication efficacy as it relates to the use of Zanaflex. Furthermore, the current request fails to specify the quantity requested for this patient. The request is not medically necessary.

Tramadol: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids, Medication for chronic pain, Page(s): 88-89, 76-78; 60-61.

Decision rationale: This patient presents with midback and neck pain. The treater is requesting Tramadol. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking 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 medications to work, and duration of pain relief. The records show that the patient was prescribed tramadol on 06/09/2014. The 09/15/2014 report notes that the patient's pain is 6/10 in the midback and 7/10 in the neck. The treater does not provide before and after pain scales to show analgesia. No specific regarding ADLs, no change in work status or return to work to show significant functional improvement. No side effects were discussed and no aberrant drug-seeking behavior such as a urine drug screen and CURES report were provided. Given the lack of sufficient documentation demonstrated efficacy for chronic opiate use, the patient should now be slowly weaned as outlined in the MTUS Guidelines. The request is not medically necessary.

Klonopin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: This patient presents with midback and neck pain. The treater is requesting Klonopin. The MTUS Guidelines page 24 on benzodiazepines states, "not recommended for long term use because long term efficacy is improved and there is a risk of dependence. Most guidelines limit the use to 4 weeks. The records show that the patient was prescribed Klonopin on 06/09/2014. In this case, the MTUS Guidelines do not support long term use of benzodiazepines. The request is not medically necessary.