

Case Number:	CM14-0215758		
Date Assigned:	01/05/2015	Date of Injury:	05/18/2013
Decision Date:	02/24/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/23/2014

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, Pain Management

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 injured worker sustained a work related injury on May 18, 2013, from continuous trauma as a semi-truck driver, sustaining injuries to the neck, low back, lower extremities, and bilateral knees, with internal complaints of hemorrhoids, hearing loss, vision problems, and nervous system complaints. The injured worker's conservative treatments were noted to have included physical therapy, oral and topical medications, a back brace, and a home exercise program. The Primary Treating Physician's report dated November 3, 2014, noted the injured worker with constant lower back pain, radiating to the buttocks and behind the right and left knees. Physical examination was noted to show the lumbar spine tender to palpation with spasms in the right and left lower spine. The diagnoses were noted as lumbar spine grade 1 spondylolisthesis L4-L5 with L5 pars defect and symptoms of intermittent radiculitis to the right and left lower extremities, cervical spine sprain/strain, thoracic spine sprain/strain, and bilateral foot Tarsal Tunnel Syndrome. The injured worker was noted to be awaiting fitting for orthotics, and was temporary and totally disabled. The Physician requested authorization for Anaprox 550mg #120, one by mouth twice a day as needed for pain with one refill, Omeprazole 20mg #60, one by mouth daily as needed for heartburn with one refill, Tramadol 50mg #60 one by mouth every six hours as needed for pain with no refills, and Zanaflex 4mg #60, one by mouth twice a day as needed for spasm with no refills. On December 3, 2014, Utilization Review evaluated the request for Anaprox 550mg #120, one by mouth twice a day as needed for pain with one refill, Omeprazole 20mg #60, one by mouth daily as needed for heartburn with one refill, Tramadol 50mg #60 one by mouth every six hours as needed for pain with no refills, and Zanaflex 4mg

#60, one by mouth twice a day as needed for spasm with no refills, citing the MTUS Chronic Pain Medical Treatment Guidelines, and the Official Disability Guidelines (ODG). The UR Physician certified the Anaprox 550 mg #120. The UR Physician noted that there was a lack of evidence to indicate that the injured worker had any of the guidelines based risk factors for gastrointestinal events, therefore it could not be determined that there was a high risk for the gastrointestinal events to warrant treatment with the Omeprazole. The Omeprazole 20mg #60, one by mouth daily as needed for heartburn with one refill received a non-approval recommendation. The UR Physician noted that a recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of the key outcome goals including pain relief, improved quality of life, and/or improved functional capacity, and recommended Tramadol 50mg #60 one by mouth every six hours as needed for pain with no refills, be modified with partial approval recommendation for #45 to commence weaning. The UR Physician noted the use of the non-steroid anti-inflammatory drug's loss of efficacy overtime, with a non-approval recommendation for the Zanaflex 4mg #60, one by mouth twice a day as needed for spasm with no refills. The decisions were subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg, #60, one po daily PRN heartburn with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

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

Decision rationale: Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, the provider noted that the prescription is for heartburn, but there is no current description of the patient's heartburn complaints or any indication that they have been controlled with prior use of this medication. In light of the above issues, the currently requested omeprazole (Prilosec) is not medically necessary.

Tramadol 50mg, #60, one po every 6 hours PRN pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 119.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Regarding the request for tramadol, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up

is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested tramadol is not medically necessary.

Zanaflex 4mg, #60, one po BID PRN spasm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

Decision rationale: Regarding the request for Zanaflex, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the medication. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Zanaflex is not medically necessary.