

Case Number:	CM15-0018977		
Date Assigned:	02/06/2015	Date of Injury:	03/01/2007
Decision Date:	03/31/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/02/2015

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 & Rehabilitation

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 is a 55-year-old female who reported an injury on 03/01/2007 after lifting a heavy objective. The injured worker reportedly sustained an injury to her low back that ultimately resulted in fusion surgery from the L2 to the L5 levels. The injured worker was treated postoperatively with physical therapy, activity modifications, assisted ambulation, multiple medications, and epidural steroid injections. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker was evaluated on 12/29/2014. It was documented that the injured worker had a constant pain level of 7/10 to 8/10. It was noted that the injured worker had 10/10 pain without medications that was reduced to a 7/10 with medications. The injured worker's medications were noted to be Topamax, Zanaflex, Ambien, Prilosec, Relafen, and Percocet. Objective findings included tenderness over the lumbar and lumbosacral spine with restricted range of motion secondary to pain. It was noted that the injured worker had palpable spasming and trigger points in the paravertebral musculature. It was also noted that the injured worker had a positive straight leg raising test. The injured worker's diagnoses included status post fusion from the L2-5, bilateral lower extremity radiculopathy and weakness, walker and medication dependent, and lymphedema tarda. The injured worker's treatment plan included a refill of medications and continuation of a home exercise program. A Request for Authorization dated 12/29/2014 was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zapaflex 4mg, #90 with 3 refills: 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 Muscle Relaxants Page(s): 63.

Decision rationale: The requested Zapaflex 4mg, #90 with 3 refills is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends muscle relaxants be used for short durations of treatment for acute exacerbations of chronic pain. The clinical documentation submitted for review does indicate that the injured worker has been on this medication for an extended treatment duration. Additionally, there is no indication that this medication is effective and provides significant functional improvement. Also, the request as it is used does not provide a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. Furthermore, the request includes 3 refills. This does not allow for timely reassessment or evaluation. There are no exceptional factors noted to support extending treatment beyond guideline recommendations. As such, the requested Zapaflex 4mg, #90 with 3 refills is not medically necessary or appropriate.

Ambien 5mg, #30 with 3 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Insomnia Treatment

Decision rationale: The requested Ambien 5mg, #30 with 3 refills is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address this medication. Official Disability Guidelines recommend the use of Ambien for short durations of time to assist with restoration of sleep function due to deficiencies caused by chronic pain. The clinical documentation submitted for review does not provide an adequate assessment of the injured worker's sleep habits to support the need for pharmacological intervention. Additionally, it is noted that the injured worker has been on this medication for an extended duration of time. Furthermore, the request as it is submitted does not identify a frequency of use. In the absence of this information, the appropriateness of the request itself cannot be determined. Additionally, the request includes 3 refills. This does not allow for timely reassessment or re-evaluation of the efficacy of this medication. There are no exceptional factors noted to support extending treatment beyond guideline recommendations. As such, the requested Ambien 5mg, #30 with 3 refills is not medically necessary or appropriate.

Prilosec 20mg, #30 with 3 refills: 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The requested Prilosec 20mg, #30 with 3 refills is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends a gastrointestinal protectant related to medication usage for patients who are at risk for developing gastrointestinal events resulting from the use of medication. The clinical documentation does not provide an adequate assessment of the injured worker's gastrointestinal system to support that they are at risk for developing gastrointestinal events symptoms related to the use of this medication. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. Also, the request includes 3 refills. This does not allow for timely reassessment or evaluation of efficacy. As such, the requested Prilosec 20mg, #30 with 3 refills is not medically necessary or appropriate.

Relafen 500mg, #100 with 3 refills: 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 Chronic pain and NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: The requested Relafen 500mg, #100 with 3 refills is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend the use of nonsteroidal anti-inflammatory drugs in the management of chronic pain. The clinical documentation submitted for review does indicate that the injured worker has been taking this medication for an extended period of time. However, the clinical documentation submitted for review does not provide an adequate assessment of increased function related to medication usage. Furthermore, the request as it is submitted does not provide a frequency of treatment. Additionally, the request is for 3 refills. This does not allow for timely reassessment and documentation of efficacy. As such, the requested Relafen 500mg, #100 with 3 refills is not medically necessary or appropriate.