

Case Number:	CM15-0114177		
Date Assigned:	06/22/2015	Date of Injury:	03/16/2000
Decision Date:	07/23/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/12/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 47 year old male, who sustained an industrial injury on 03/16/2000. He reported performing work activities of digging and lifting when he noted a pulling sensation to the back with pain. The injured worker was diagnosed as having back pain and lumbar radiculopathy. Treatment and diagnostic studies to date has included status post right lumbar four to five microdiscectomy, status post revision of right sided lumbar four to five microdiscectomy, status post lumbar four to five fusion, status post lumbar spine hardware removal, physical therapy, aquatic therapy, magnetic resonance imaging, status post bilateral knee arthroscopy, use of a transcutaneous electrical nerve stimulation unit, medication regimen, and x-rays of the lumbar spine. In a progress note dated 04/29/2015 the treating physician reports complaints of constant, aching, and at times burning and stabbing pain to the low back with radiating symptoms to the bilateral gluteal region with the right side more than the left. The injured worker also has constant numbness to the lateral aspect of the left leg, burning pain to the anterior thigh, and aching and burning to the bilateral knees. Examination reveals decreased sensation to the right lumbar four through sacral one dermatomes, positive straight leg raise on the right, and positive facet loading bilaterally. The injured worker's current medication regimen included Tramadol, Norco, Tizanidine, Ranitidine, and Gabapentin. The injured worker's pain level is rated an 8 to 9 out of 10 but decreases to a 5 out of 10 with use of his medication regimen, but he currently rates his pain a 7 out of 10. The documentation provided did not indicate if the injured worker experienced any functional improvement with use of his current medication regimen. The treating physician requested the medications of Norco 10/325 with a

quantity 21, Zanaflex (Tizanidine) 4mg with a quantity unspecified to prevent the injured worker from going to the Emergency Department prior to his evaluation with pain management. The treating physician also requested the medication of Omeprazole 20mg with a quantity of 60, but the documentation provided did not indicate the specific reason for this requested medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 quantity 21: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg # 21 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are low back pain; and lumbar radiculopathy. The utilization review states Norco 10/325mg was noncertified and May 10, 2015. The earliest progress note in the medical record showing Norco 10/325mg is dated October 22, 2014. Norco was continued through November 29, 2015 and Tramadol 50 mg was added. There is no rationale for second opiate documented in the medical record. There is no documentation in the medical record demonstrating objective functional improvement to support ongoing Norco. Additionally, as noted above Norco was noncertified May 10, 2015. There are no risk assessments in the medical record. There are no detailed pain assessments and medical record. Consequently, absent clinical documentation demonstrating objective functional improvement, risk assessments, detailed pain assessments and a non-certification of Norco May 10, 2015, Norco 10/325mg # 21 is not medically necessary.

Zanaflex 4mg quantity unspecified: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Zanaflex 4 mg #unspecified quantity is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are low back pain; and lumbar radiculopathy. The utilization review states Norco 10/325mg was noncertified and May 10, 2015. The earliest progress note in the medical record showing Norco 10/325mg is dated October 22, 2014. Norco was continued through November 29, 2015 and Tramadol 50 mg was added. There is no rationale for second opiate documented in the medical record. The documentation shows Zanaflex 4 mg was noncertified as far back as December 20, 2011 (certification #1064477 and #1116051). Zanaflex 4 mg appeared in an October 22, 2014 progress note for sleep and muscle spasm. Similarly, Zanaflex appeared in a January 29, 2015 progress note with similar indications. The most recent progress note contains Zanaflex 4 mg in the current list of medications to be taken 3-4 times per week as needed for muscle spasm and sleep. There is no documentation demonstrating objective functional improvement. Moreover, most relaxants are recommended for short-term (less than two weeks) treatment of acute low back pain and short-term treatment of an acute exacerbation in chronic low back pain. There is no documentation indicating acute low back pain or an acute exacerbation of chronic low back pain. Zanaflex is indicated for short-term (less than two weeks). Zanaflex was first documented in a progress note as far back as August 27, 2013. The treating provider exceeded the recommended guidelines by continuing, at a minimum, Zanaflex for greater than two years. There are no compelling clinical facts indicating the Zanaflex should be continued beyond the recommended guidelines. The treating provider requested an unspecified quantity of Zanaflex. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Zanaflex 4 mg #unspecified quantity is not medically necessary.

Omeprazole 20mg quantity 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System, Gastroesophageal reflux disease.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20 mg #60 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking non-steroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use

of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. Protonix, Dexilant and Aciphex should be second line PPIs. In this case, the injured worker's working diagnoses are low back pain; and lumbar radiculopathy. The utilization review states Norco 10/325mg was noncertified and May 10, 2015. The earliest progress note in the medical record showing Norco 10/325mg is dated October 22, 2014. Norco was continued through November 29, 2015 and Tramadol 50 mg was added. There is no rationale for second opiate documented in the medical record. There are no comorbid conditions or past medical history indicating a history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. The injured worker was taking Zantac as far back as October 22, 2014. The most recent progress note contains a listing for Omeprazole in the current list of medications. The start date for Omeprazole is unclear based on the available documentation for review. There is no clinical indication or rationale in the medical record for Omeprazole use. Consequently, absent clinical documentation with the clinical indication and rationale, comorbid conditions or past medical history for gastrointestinal events, Omeprazole 20 mg #60 is not medically necessary.