

Case Number:	CM15-0116880		
Date Assigned:	06/25/2015	Date of Injury:	09/05/2012
Decision Date:	08/04/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/17/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 9/5/12. He had hamstring pain and was diagnosed with a pulled hamstring muscle. Primary treating physician's progress report dated 5/14/15 reports continued complaints of lower back pain and right leg pain. Norco and duragesic patches, which he is out of, help to relieve the pain and increase the ability to walk longer distances before being forced to rest. He uses a cane to assist with walking. Diagnoses include s/p lumbar fusion L4-L5-SI April 2014, prior laminectomy/discectomy L5-Si July 2013, posterior disc protrusion L4-5, right laminectomy L5-SI and small central disk protrusion at L4-L5. Plan of care includes: keep follow up appointments with other treating providers, continue with pain management and see how he does with the epidural injection, may be a candidate for a spinal cord simulator, continue with Norco and duragesic patch as they are helpful, trial of gabapentin to help with leg numbness and cramping and provided prescriptions for effexor, zanaflex and omeprazole. Work status: he is not currently able to work, total temporary disability until next visit. Follow in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic patch 25mcg #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

Decision rationale: Duragesic patches (Fentanyl) are an opioid recommended for chronic persistent pain that cannot otherwise be managed and requires continuous opioid treatment. They should not be utilized as a first-line agent. This patient has a history of trying and failing a first-line agent, Gabapentin. Duragesic patches should only be used in patients who are taking opioid medications and have developed a tolerance. The patches should be worn on every 72 hour basis. In this case, the patient has been wearing the patches on an every 48 hour schedule, rather than the recommended 72 hour schedule. Therefore the request is not medically necessary or appropriate due to improper use of the medication.

Prilosec 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs).

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

Decision rationale: PPI medications such as Prilosec are prescribed to patients at risk for GI events. The MTUS states that the risk factors include age over 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids or anticoagulants; or usage of a high dose/multiple NSAID. This patient had some rectal bleeding in the past, however the source/cause of the bleeding was not established endoscopically. The NSAID was discontinued on 12 /17/14 and the patient has been taking Prilosec for over 18 months without further symptoms. Therefore the request is not medically necessary to continue Prilosec at this time.

Zanaflex 4mg #60: Upheld

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

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

Decision rationale: CA MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Zanaflex is a centrally acting muscle relaxant that is FDA approved for the management of spasticity; unlabeled use for low back pain. In this case, the patient has been using Zanaflex on a continuous basis for 18 months. There is no documented improvement in function; the patient is unable to work. There is also no documented significant pain relief. Therefore the request is not medically necessary or appropriate.