

Case Number:	CM15-0118847		
Date Assigned:	06/29/2015	Date of Injury:	07/22/2010
Decision Date:	08/04/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/19/2015

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, Hawaii
 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 48 year old male, who sustained an industrial injury on 7/22/10. He reported pain in the spine and left shoulder. Many of the medical reports are difficult to decipher. The injured worker was diagnosed as having lumbar spine sprain/strain and cervical spine sprain/strain. Treatment to date has included L5-S1 nerve root injection, bilateral facet joint injections at L4-5 and L5-S1, TENS, physical therapy, a home exercise program, acupuncture, lumbar epidural injections, shoulder injections, and medication. The injured worker had been taking Norco since at least 10/6/14. Currently, the injured worker complains of left shoulder pain. The treating physician requested authorization for Prilosec 20mg #30, Norco 5/325mg #120, and Zanaflex 4mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg QTY: 30.00: Upheld

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

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

Decision rationale: The patient presents with pain affecting the left shoulder. The current request is for Prilosec 20mg QTY: 30.00. The most current treating physician report provided for review, dated 2/19/15 (44B), offers no rationale for the current request. Additionally, the report dated 2/19/15 is missing pages 1, 2, and 4. The MTUS guidelines state Omeprazole is recommended with precautions, "(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)". Clinician should weigh indications for NSAIDs against GI and cardio vascular risk factors, determining if the patient is at risk for gastrointestinal events. In this case, there was no documentation provided of any current NSAID use or indication that the patient was at risk for gastrointestinal events nor was there any documentation of dyspepsia. The current request does not satisfy MTUS guidelines as outlined on pages 68-69. The current request is not medically necessary.

Norco 5/325mg QTY: 120.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: The patient presents with pain affecting the left shoulder. The current request is for Norco 5/325mg QTY: 120.00. The most current treating physician report provided for review, dated 2/19/15 (44B), offers no rationale for the current request. Additionally, the report dated 2/19/15 is missing pages 1, 2, and 4. MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided, show the patient has been taking Norco since at least 12/9/14. The report dated 2/9/15 (44B) does not note the patient's pain with or without current medication. No adverse effects or adverse behavior were discussed by the patient. A report dated 12/9/14 notes that the patient has not returned to work. There is no evidence provided that shows the physician has a signed pain agreement or cures report on file. In this case, all four of the required A's are not addressed, pain has not been assessed at each visit and functional improvement has not been documented. The MTUS guidelines require much more documentation to recommend the continued usage of Norco. The current request is not medically necessary.

Zanaflex 4mg QTY: 60.00: Upheld

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

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

Decision rationale: The patient presents with pain affecting the left shoulder. The current request is for Zanaflex 4mg QTY: 60.00. The most current treating physician report provided for review, dated 2/19/15 (44B), offers no rationale for the current request. Additionally, the report dated 2/19/15 is missing pages 1, 2, and 4. MTUS guidelines page 66 state the following regarding Muscle Relaxants for pain: "Antispasticity/ Antispasmodic Drugs: Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain." The most current report provided that offers a clear diagnosis is a QME dated 10/6/14. In this case, the patient's diagnosis per a QME dated 10/6/14 does not include low back pain, spasticity, or myofascial pain. Furthermore, the treating physician does not discuss efficacy as there is no documentation as to how this medication has been helpful with pain and function. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. The current request is not medically necessary.