

Case Number:	CM15-0120921		
Date Assigned:	07/07/2015	Date of Injury:	04/25/2007
Decision Date:	09/17/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/23/2015

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: New York
 Certification(s)/Specialty: Emergency 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 44 year old, male who sustained a work related injury on 4/25/07. The diagnoses have included cervical spine disc degeneration, cervical spine strain/sprain, low back pain, left greater occipital nerve irritation, gastritis secondary to pain medication and status post lumbar spine surgery. Treatments have included lumbar spine surgery, oral medications, medicated cream, physical therapy and transcranial magnetic stimulation treatments. In the PR-2 dated 5/5/15, the injured worker complains of worsening low back pain with radicular symptoms to both legs. He complains of tingling and numbness to his legs and feet. He complains of neck pain with radiating symptoms to left arm associated with numbness and tingling. He states neck pain is worse than his lower back pain. Paracervical muscles are tender to touch with increased tone. He has tenderness to touch of bilateral paralumbar muscles. He has a positive straight leg raise in 40 degrees with left leg. Lumbar extension causes pain over the facet joints. He has decreased range of motion in lumbar spine. He has spasm with lumbar spine. He is not working. The treatment plan includes requests to continue oral medications and medicated pain cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 15 Percent, Cyclobenzaprine 10 Percent, Baclofen 2 Percent, Lidocaine 5 Percent 180 Grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Per CA MTUS guidelines, although recommended as an option, topical analgesics are used primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Furthermore, they are largely experimental. "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." "There is no evidence for use of any other muscle relaxant (Cyclobenzaprine) as a topical product." Baclofen is not recommended. "There is no peer-reviewed literature to support the use of topical baclofen." Additionally, the guidelines do not recommend use of topical lidocaine, as there have been reports of toxicity. Since there are products included in this medicated cream that are not recommended for topical use, the requested treatment of Flurbiprofen, Cyclobenzaprine, Baclofen and Lidocaine compounded cream is not medically necessary.

Tizanidine 4 MG x 30: 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, Tizanidine Page(s): 63-66, 111.

Decision rationale: Per CA MTUS guidelines, Tizanidine is a muscle relaxant used "as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008)" "However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." "Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004)" "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. (Malanga, 2008) Eight studies have demonstrated efficacy for low back pain. (Chou, 2007)" It is noted that he has been taking the Tizanidine for over 3 months. Since there is no documentation of how this medication is helping with his low back pain and/or with his spasms, the requested treatment of Tizanidine is not medically necessary.

Omeprazole 20 MG x 60: Upheld

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

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

Decision rationale: Per CA MTUS guidelines, Omeprazole (Prilosec) is a proton pump inhibitor (PPI) used for gastrointestinal issues due to taking non-steroidal anti-inflammatory medications or opioids. He has been on these medications for greater than 3 months. "Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." He does not have any gastrointestinal complaints. There is no documented abdominal exam. The documentation does not support the IW has been seen by a gastrointestinal specialist. Without documentation to support GI complaints or exam as well as the risk associated with long term use of NSAIDS and opioids, long term use of Omeprazole is not recommended. Therefore, the requested treatment of Omeprazole is not medically necessary.