

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0129737 | | |
| Date Assigned: | 07/16/2015 | Date of Injury: | 09/18/2001 |
| Decision Date: | 09/11/2015 | UR Denial Date: | 06/17/2015 |
| Priority: | Standard | Application Received: | 07/06/2015 |

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 72 year old female, who sustained an industrial injury on 09/18/2001. She has reported subsequent low back pain and was diagnosed with degenerative lumbar/lumbosacral intervertebral disc, thoracic/lumbosacral neuritis/radiculitis and unspecified myalgia and myositis. Treatment to date has included medication. Documentation shows that Voltaren, Zanaflex and Prevacid were prescribed to the injured worker since at least 10/13/2014. The injured worker was seen for a physician office follow-up visit on 06/02/2015 but there were no subjective or objective findings documented. The physician noted that no physical examination was performed and indicated that there were no changes. A neurology/pain return patient form noted that the injured worker reported 3/10 pain. Work status was not documented. A request for authorization of Voltaren 75 mg #120 with 2 refills, Zanaflex 4 mg #30 with 2 refills and Prevacid 30 mg #30 with 2 refills was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 75 mg #120 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 67-73.

Decision rationale: As per CA MTUS guidelines non-steroidal anti-inflammatory drugs (NSAID's) are "recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy." The documentation submitted shows that Voltaren was prescribed as far back as 10/13/2014. There is no documentation of objective functional improvement with use of this medication. The documentation submitted is minimal and there is no documentation of the effectiveness of Voltaren in the most recent progress notes. There are no recent objective examination findings and there is no documentation of a change in work status or significant improvement with the performance of activities of daily living. Therefore, the request for authorization of Voltaren is not medically necessary.

Zanaflex 4 mg #30 with 2 refills: 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: As per CA MTUS guidelines, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. 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." "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." The documentation shows that Zanaflex was prescribed to the injured worker since at least 10/13/2014. There is no documentation of objective functional improvement with use of this medication. The documentation submitted is minimal and there is no documentation of the effectiveness of Zanaflex in the most recent progress notes. There are no recent objective examination findings and there is no documentation of a change in work status or significant improvement with the performance of activities of daily living. In addition, muscle relaxants are not recommended for long term use. Therefore, the request for authorization of Zanaflex 4 mg #180 is not medically necessary.

Prevacid 30 mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, Proton-Pump Inhibitors.

Decision rationale: As per CA MTUS guidelines, in patients who are taking non-steroidal anti-inflammatory drugs (NSAID's), the risk of gastrointestinal risk factors should be determined. Recommendations indicate that patients are at high risk for these events if "(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)." As per ODG, proton-pump inhibitors are recommended for patients at increased risk of gastrointestinal events. The injured worker is 72 years old and based on her age is at increased risk for a GI event, however the request for Voltaren has not been found to be medically necessary, therefore the request for Prevacid 30 mg #30 with 2 refills is not medically necessary.