

Case Number:	CM15-0171557		
Date Assigned:	09/11/2015	Date of Injury:	04/21/2003
Decision Date:	11/10/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/31/2015

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, California

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 50 year old male, who sustained an industrial injury on 04-21-03. He has reported subsequent neck, mid-back and low back pain as well as weakness and numbness and was diagnosed with cervical spine disc syndrome with strain-sprain disorder, radiculopathy, spinal stenosis, incomplete quadriparesis, thoracic and lumbosacral strain-sprain with radiculopathy and chronic pain syndrome with idiopathic insomnia. There were no imaging reports included for review or any discussion of what imaging studies had been performed. Treatment to date has included oral and topical pain medication. Documentation shows that the injured worker had been prescribed Soma as far back as 2008 for as needed use for painful muscular spasms. Prilosec was prescribed as far back as 04-08-2015 "to guard the stomach from the effects of the other medications", Xanax was prescribed since at least 05-06-15 for "relief of depression" and Tizanidine was prescribed as far back as 06-03-15 for as needed use for "relief of sharply directed pain". The exact starts date of these medications is unclear from the medical records. The most recent progress notes (07-09-15, 06-03-15 and 05-06-15) indicate that the injured worker reported a good but partial response to medication. During the 07-09-15, 06-03-15 and 05-06-15 office visits the injured worker reported neck, low and mid back pain, stiffness, weakness, numbness and generalized discomfort and review of systems was documented as unchanged. The severity of pain was not rated. Objective examination findings on 07-09-15, 06-03-15 and 05-06-15 showed extremely limited range of motion of the spine in all segments and planes including cervical, thoracic and lumbosacral spine with tender, painful bilateral cervical and bilateral lumbosacral paraspinal muscular spasms, augmented touch-floor gap and reduced bilateral straight leg raise measurements, reduced sensation and strength

in the bilateral C6-S1 distribution with absent bilateral biceps and ankle deep tendon reflexes. A request for authorization of Omeprazole 20 mg daily, quantity of 30, refills not specified, Carisoprodol 350 mg, 3 times a day, quantity of 90, refills not specified, Alprazolam 1 mg, 3 times a day, quantity of 90, refills not specified and Tizanidine 4 mg, 2 tablets at bedtime, quantity of 60, refills not specified was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg daily, quantity: 30, refills: not specified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Pain (Chronic) updated 07/15/2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects.

Decision rationale: According to CA MTUS, gastrointestinal protectant agents are recommended for patients that are at increased risk for gastrointestinal events. These risks include age >65, history or gastrointestinal bleeding or peptic ulcers, concomitant use of NSAIDs and corticosteroids or aspirin, or high dose NSAID use. The chart does not document any of these risk factors. Past medical history does not include any gastrointestinal disorders, there is no history of poor tolerance to NSAIDs documented and there are not abdominal examinations noted in the chart. Furthermore, documentation does not include any of the concerning concomitant medications as an active medications for this IW. It is unclear what medication is reported to be causing "stomach effects." Without the support of the documentation, the request for Omeprazole is not medically necessary.

Carisoprodol 350mg, 3 times a day, quantity: 90, refills: not specified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Pain (Chronic) updated 07/15/2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

Decision rationale: Carisoprodol is a centrally acting skeletal muscle relaxant. According to CAMTUS, Carisoprodol (Soma) is not recommended. Additionally, it is not recommended for long term use. Medical records support the IW has been taking this medication for a minimum of

four months. As this medication is not supported by guidelines, the request for Soma is not medically necessary.

Alprazolam 1mg, 3 times a day, quantity: 90, refills: not specified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Pain (Chronic) updated 07/15/2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: Ca MTUS guidelines state that benzodiazepines are "not recommended for long term use because long term efficacy is unproven and there is a risk of dependence." Furthermore, guidelines limited treatment duration to 4 weeks. Records support the IW has been taking alprazolam for a minimum of four months. This clearly exceeds the recommended term of use and is not within CA MTUS guideline. The request is not medically necessary.

Tizanidine 4mg, 2 tablets at bedtime, quantity: 60, refills: not specified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Pain (Chronic) updated 07/15/2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: CA MTUS guideline states muscle relaxers should be used "as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." Guidelines further state "Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time." With respect to Zanaflex, guideline state "is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain" The IW has been taking another muscle relaxant, soma, for several months without documented improvement of symptoms. Both muscle relaxants have been requested at this same visit. There is no documentation to support spasm or the rationale for two centrally acting muscle relaxants. As the request is not supported and somewhat redundant, the request for zanaflex is not medically necessary.