

Case Number:	CM15-0043462		
Date Assigned:	03/13/2015	Date of Injury:	04/04/2012
Decision Date:	04/22/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/06/2015

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: Pennsylvania
 Certification(s)/Specialty: Internal 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 56-year-old female who has reported widespread pain of gradual onset and attributed to usual work activity, with a listed injury date of 04/04/2012. The diagnoses include bilateral hip sprain/strain, cervical spine sprain/strain, disc disease, radiculopathy, shoulder impingement, carpal tunnel syndrome, and lumbar facet syndrome. Treatments to date have included injections, physical therapy, carpal tunnel release, and medications. The treating physician reports during 2014-2015 reflect ongoing widespread pain, 'temporarily totally disabled' work status, ongoing use of Norco, Zanaflex or Robaxin, Prilosec, and Sonata. Function was poor and the injured worker used a walker. Home custodial care was prescribed. None of the reports addressed the specific indications for these medications in this injured worker and any specific results. Per the PR2 of 01/26/2015, there was low back pain and difficulty walking. There was tenderness, positive bilateral straight leg raise test, positive Kemp's, and decreased range of motion. There was no discussion of any medications currently in use. The work status was 'temporarily totally disabled.' There were no gastrointestinal symptoms. Norco 7.5/325mg #120, Prilosec 20mg #30, Zanaflex 2mg #120, and Sonata 10mg #30, were prescribed without any indications listed. On 2/9/15 Utilization Review non-certified Prilosec, Zanaflex, and Sonata; and partially certified Norco. The MTUS and the Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management, Opioids, steps to avoid misuse/addiction, indications, Chronic back pain, Mechanical and compressive etiologies, Medication trials Page(s): 77-81, 94, 80, 81, 60.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence of significant pain relief or increased function from the opioids used to date. Function appears to be very poor with difficulty even walking. The prescribing physician describes this patient as 'temporarily totally disabled', which fails the 'return-to-work' criterion for opioids in the MTUS, and represents an inadequate focus on functional improvement. The prescribing physician describes this patient as 'temporarily totally disabled', which generally represents a profound failure of treatment, as this implies confinement to bed for most or all of the day. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. None of the reports discuss the actual results of using this medication. As currently prescribed, this opioid does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary. This is not meant to imply that some form of analgesia is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS. Therefore, the request is not medically necessary.

Prilosec 20 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: There are no medical reports which adequately describe the relevant signs and symptoms of possible gastrointestinal disease. There is no examination of the abdomen. The injured worker denies any gastrointestinal symptoms. This injured worker is not taking NSAIDs or other medications likely to adversely affect the acid milieu of the upper gastrointestinal tract.

This medication is not discussed in the available records. Proton pump inhibitors (PPIs) are not benign. The MTUS, FDA, and recent medical literature have described a significantly increased risk of hip, wrist, and spine fractures; pneumonia, Clostridium-difficile-associated diarrhea, and hypomagnesemia in patients on proton pump inhibitors. This PPI is not medically necessary based on lack of medical necessity and risk of toxicity.

Zanaflex 2 mg #120: Upheld

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

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

Decision rationale: The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing of muscle relaxants has occurred consistently for months. The quantity prescribed implies long term use, not a short period of use for acute pain. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. This medication is not discussed in the reports. Note that tizanidine, when indicated, can be hepatotoxic. There are no reports which show that LFTs are monitored. Per the MTUS, this muscle relaxant is not indicated and is not medically necessary.

Sonata 10 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Insomnia treatment.

Decision rationale: The MTUS does not address the use of hypnotics other than benzodiazepines. The Official Disability Guidelines were used instead. The Official Disability Guidelines recommend the short term use of hypnotics, discuss the significant side effects, and note the need for a careful evaluation of the sleep difficulties. Sonata, a benzodiazepine agonist, is habituating and recommended for short term use only. No physician reports describe the specific criteria for a sleep disorder or discuss this medication. Other medications known to cause sleep disorders, such as opioids, were not discussed in the context of insomnia. The reports do not show specific and significant benefit over time. Sonata is not medically necessary based on prolonged use contrary to guideline recommendations lack of specific benefit, and lack of sufficient evaluation of the sleep disorder. Therefore, the request is not medically necessary.