

Case Number:	CM15-0060307		
Date Assigned:	04/20/2015	Date of Injury:	08/01/2003
Decision Date:	06/30/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/30/2015

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

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 70 year old male with an industrial injury dated August 1, 2003. The injured worker diagnoses include mid/lower back pain due to diffuse degenerative disc disease related to patient's cumulative trauma, chronic cervical pain due to diffuse degenerative disc disease, bilateral carpal and cubital tunnel syndrome, and significant weight loss. He has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 1/5/2015, the injured worker reported continuous mild to lower back pain worse with minimal spine movement, cervical scapular pain, bilateral shoulder pain, tingling, numbness and pain in the bilateral hands and poorly controlled diabetes. Objective findings revealed weight loss, discomfort, diffuse loss of paraspinal musculature, localized tenderness throughout spine and bilateral positive straight leg raises. The treating physician prescribed a retrospective request for Nexium, Zanaflex, Norco and Ultram with dates of service 1/5/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Nexium 40mg #30 x 3 (DOS 01/05/2015): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (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. There is documentation that the patient has at least one of the risk factors needed to recommend a proton pump inhibitor. I am reversing the previous utilization review decision. Retrospective Nexium 40mg #30 x 3 (DOS 01/05/2015) is medically necessary.

Retrospective Zanaflex 4mg #90 x 3 (DOS 01/15/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

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

Decision rationale: Zanaflex is a drug that is used as a muscle relaxant. The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. The patient has been taking the muscle relaxant for an extended period of time. Patient has not reported any significant functional improvement. Retrospective Zanaflex 4mg #90 x 3 (DOS 01/15/2015) is not medically necessary.

Retrospective Norco 10/325mg #180 x 3 (DOS 01/05/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Retrospective Norco 10/325mg #180 x 3 (DOS 01/05/2015) is not medically necessary.

Retrospective Ultram ER 200mg #30 x 3 (DOS 01/05/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

Decision rationale: According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. There is no documentation of the above criteria for either of the narcotics that the patient has been taking. Retrospective Ultram ER 200mg #30 x 3 (DOS 01/05/2015) is not medically necessary.