

Case Number:	CM15-0068156		
Date Assigned:	04/15/2015	Date of Injury:	02/24/2006
Decision Date:	06/03/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/10/2015

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: Anesthesiology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 61 year old male sustained an industrial injury to the back on 2/24/06. Previous treatment included magnetic resonance imaging, lumbar fusion, physical therapy, injections, home exercise and medications. Magnetic resonance imaging left ankle dated 1/16/15 showed peroneus brevis tendinopathy with soft tissue edema. In a PR-2 dated 1/15/15, the injured worker complained of low back pain rated 8/10 on the visual analog scale with radiculopathy to bilateral lower extremities. Physical exam was remarkable for lumbar spine with tenderness to palpation to the paraspinal musculature with spasms, positive seated nerve root test, restricted range of motion and 4/5 to bilateral lower extremities with decreased sensation. Current diagnoses included status post lumbar fusion, retained symptomatic lumbar spine hardware, rule out neural compromise, lumbar spine radiculopathy and junctional level pathology. The treatment plan included magnetic resonance imaging lumbar spine, electromyography bilateral lower extremities, physical therapy twice a week for four weeks and a lumbar support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPIs Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPIs.

Decision rationale: According to CA MTUS (2009), proton pump inhibitors, such as Omeprazole (Prilosec), are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. There is no documentation indicating the patient has any GI symptoms or GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. There is no documentation of any reported GI complaints. Based on the available information provided for review, the medical necessity for Prilosec has not been established. The requested medication is not medically necessary.

Ondansetron 8mg quantity 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration Information, Ondansetron Hydrochloride.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate.

Decision rationale: Ondansetron (Zofran) is used to prevent nausea and vomiting that may be caused by anesthesia/surgery, or chemotherapy or radiation therapy. It is also approved for use acutely with gastroenteritis. Ondansetron is not used and is ineffective for nausea associated with narcotic analgesics. There is no specific indication for the use of this medication. Medical necessity of the requested medication has not been established. The requested medication is not medically necessary.

Medrox ointment 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-117.

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. In this case, Medrox ointment contains capsaicin, menthol and menthol salicylate. Capsaicin is recommended

only as an option in patients who have not responded to or are intolerant to other treatments. There is a lack of documentation that the injured worker is intolerant of other treatments. In addition, since the guidelines do not recommend several of the ingredients, there is no medical necessity for this compound. Medical necessity for the requested topical agent is not established. The requested Medrox ointment is not medically necessary.

Tizanidine 4mg quantity 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 66.

Decision rationale: Tizanidine (Zanaflex) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. It is indicated for the treatment of chronic myofascial pain and considered an adjunct treatment for fibromyalgia. According to CA MTUS Guidelines, muscle relaxants have not been considered any more effective than non-steroidal anti-inflammatory drugs (NSAIDs) for pain or overall improvement. In addition, the guideline criteria do not support the long-term (>2 wks) use of muscle relaxants. In this case, there was no response to the requested clinical information letter that has been received/available for review. Medical necessity for Tizanidine has not been established. The requested medication is not medically necessary.

Naproxen 550mg quantity 100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66,73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs.

Decision rationale: Naproxen is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. ODG states that NSAIDs are recommended for acute pain, osteoarthritis, acute low back pain (LBP) and acute exacerbations of chronic pain, and short-term pain relief in chronic LBP. There is no evidence of long-term effectiveness for pain or function. Guidelines recommended that the lowest effective dose be used for the shortest duration of time consistent with treatment goals. In this case, there was no response to the requested clinical information letter that has been received/available for review. Medical necessity of the requested medication has not been established. The request for Naproxen is not medically necessary.