

Case Number:	CM15-0077197		
Date Assigned:	04/28/2015	Date of Injury:	05/12/2010
Decision Date:	05/26/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/22/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 female, who sustained an industrial injury on 5/12/2010. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbar strain with radiculitis. There is no record of a recent diagnostic study. Treatment to date has included physical therapy, acupuncture and medication management. In a progress note dated 3/11/2015, the injured worker complains of bilateral knee and ankle pain and continued low back pain. The treating physician is requesting Norco, Prilosec and Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p 76-80 (2) Opioids, dosing, p 86 Page(s): 76-80, 86.

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for bilateral knee, ankle, and low back pain. When seen, pain was reported as 8-9/10 without medications and 8/10 with medications. Motrin and Norco were being prescribed. Review of systems was negative for gastrointestinal problems. Omeprazole was started. Norco is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction, there is poor pain control and the claimant is not currently working. The claimant meets criteria for discontinuing opioid medication and therefore continued prescribing of Norco was not medically necessary.

Prilosec 20 mg Qty 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p 68-71 Page(s): 68-71.

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for bilateral knee, ankle, and low back pain. When seen, pain was reported as 8-9/10 without medications and 8/10 with medications. Motrin and Norco were being prescribed. Review of systems was negative for gastrointestinal problems. Omeprazole was started. In this case, the claimant does not have any identified risk factors for a gastrointestinal event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. The claimant is not being prescribed an SSRI (selective serotonin reuptake inhibitor) class medication. Therefore, the prescribing of a proton pump inhibitor such as Prilosec was not medically necessary.

Zanaflex 4 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), p 63-66 Page(s): 63-66.

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for bilateral knee, ankle, and low back pain. When seen, pain was reported as 8-9/10 without medications and 8/10 with medications. Motrin and Norco were being prescribed. Review of systems was negative for gastrointestinal problems. Omeprazole was started. Zanaflex (tizanidine) is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain. In this case, there is no identified new injury or acute exacerbation and muscle relaxants have been prescribed on a long-term basis and appear ineffective. It is therefore not medically necessary.

