

Case Number:	CM15-0077318		
Date Assigned:	04/28/2015	Date of Injury:	05/11/2010
Decision Date:	07/09/2015	UR Denial Date:	03/24/2015
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: Texas, Illinois

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 (IW) is a 57-year-old male who sustained an industrial injury on 05/11/2010. He reported right shoulder pain. The injured worker was diagnosed as having cervical disc protrusion; lumbar dysfunction; rule out lumbar radiculitis versus lower extremity neuritis; right shoulder sprain/strain. Treatment to date has included acupuncture, medications, and chiropractic care. Currently, the injured worker complains of right shoulder pain that is continuous and severe described as an aching, sharp, burning sensation that is exacerbated by reaching above the shoulder, reaching overhead, or pushing and pulling. The pain is relieved with medication and rest. He has lumbar pain described as frequent rated mild to moderate in its severity and it is exacerbated with movements such as prolonged walking, standing, bending, squatting and walking on uneven ground. Pain can be severe, and when it is, it becomes an aching, sharp, stabbing, throbbing sensation with numbness and tingling that radiates from his lower back to his left and right feet with pain greater on the left than the right. Cervical spine pain is frequent and rated as mild to moderate in severity and is exacerbated with movement, looking up and down and from side to side. The pain is throbbing, sharp at times, non-radiating and is diminished with rest, medications and therapy. Requests for authorization were presented for Omeprazole 20mg, Zanaflex 4mg, Hydrocodone/APAP #120, and Terocin 240ml, 1 Urine Analysis, and Anaprox 550mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 05/11/2010. The medical records provided indicate the diagnosis of cervical disc protrusion; lumbar dysfunction; rule out lumbar radiculitis versus lower extremity neuritis; right shoulder sprain/strain. Treatment to date has included acupuncture, medications, and chiropractic care. The medical records provided for review do not indicate a medical necessity for: Omeprazole 20mg. Omeprazole is a proton pump inhibitor. The MTUS recommends the addition of proton pump inhibitors to the treatment of individuals at risk of Gastrointestinal event who on treatment with NSAIDs. Gastrointestinal risk include (1) age greater than 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of Aspirin, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose Aspirin). The medical records indicate the injured worker's use of this medication predates 11/2012, but the MTUS does not recommend the use of the proton pump inhibitors for more than one year, due to the risk of hip fracture. Also, though the injured worker has been approved of Naproxen (an NSAID), the medical records reviewed do not indicate the injured worker has a risk factor for gastrointestinal event.

Zanaflex 4mg,: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 05/11/2010. The medical records provided indicate the diagnosis of cervical disc protrusion; lumbar dysfunction; rule out lumbar radiculitis versus lower extremity neuritis; right shoulder sprain/strain. Treatment to date has included acupuncture, medications, and chiropractic care. The medical records provided for review do not indicate a medical necessity for Zanaflex 4mg, Zanaflex (Tizanidine), is a muscle relaxant. The MTUS recommends the use of non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The records indicate the use of this medication predates 11/2012, but the records do not indicate the injured worker is being monitored for liver function based on the guidelines recommendation.

Hydrocodone/APAP #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 05/11/2010. The medical records provided indicate the diagnosis of cervical disc protrusion; lumbar dysfunction; rule out lumbar radiculitis versus lower extremity neuritis; right shoulder sprain/strain. Treatment to date has included acupuncture, medications, and chiropractic care. The medical records provided for review do not indicate a medical necessity for Hydrocodone/APAP #120. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the use of this medication predates 11/2012. Although the injured worker has returned to work, the medical records indicate the injured worker is not well monitored for pain control, activities of daily living and adverse effects. Also, the records do not indicate the treatment is following the guidelines recommendation of comparing pain control and functioning with baseline values every 6-month for individuals on opioid treatment for 6 months or more using a numerical scale or validated instrument.

Terocin 240ml: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The injured worker sustained a work related injury on 05/11/2010. The medical records provided indicate the diagnosis of cervical disc protrusion; lumbar dysfunction; rule out lumbar radiculitis versus lower extremity neuritis; right shoulder sprain/strain. Treatment to date has included acupuncture, medications, and chiropractic care. The medical records provided for review do not indicate a medical necessity for: Terocin 240ml. Terocin is a topical analgesic containing Methyl Salicylate 25%; Capsaicin 0.025%; Menthol 10%, and Lidocaine 2.50%. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not recommend any compounded product that contains at least one drug (or drug class) that is not recommended. The request treatment contains the non recommended Menthol, Lidocaine (Lidocaine is recommended only if in the form of Lidoderm patch).

1 Urine Analysis: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 70.

Decision rationale: The injured worker sustained a work related injury on 05/11/2010. The medical records provided indicate the diagnosis of cervical disc protrusion; lumbar dysfunction; rule out lumbar radiculitis versus lower extremity neuritis; right shoulder sprain/strain. Treatment to date has included acupuncture, medications, and chiropractic care. The medical records provided for review do indicate a medical necessity for 1 Urine Analysis. The medical records indicate the injured worker has been on long-term use of Naproxen, and has been approved for additional quantity. The MTUS recommends monitoring for kidney function in individuals on treatment with NSAIDs. The guidelines do not specify the frequency of monitoring.