

<b>Case Number:</b>	CM15-0097792		
<b>Date Assigned:</b>	05/28/2015	<b>Date of Injury:</b>	03/14/2013
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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 year 44 old, male who sustained a work related injury on 3/14/13. The diagnoses have included lumbar spine sprain/strain, lumbar disc disease, lumbar radiculopathy and lumbar facet syndrome. Treatments have included lumbar epidural steroid injections, medications, home exercise program, heat therapy, use of a lumbar support and interferential unit therapy. In the PR-2 dated 4/7/15, the injured worker complains of worsening low back pain with radiating numbness and tingling. He rates his pain level a 9-10/10. He has tenderness in paravertebral muscles, lumbosacral junction and sciatic notches. He has associated muscle spasm and guarding. He has positive straight leg raises with both legs. The treatment plan includes refills of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Prilosec 20mg #30 for DOS 2/27/2015:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-71.

**Decision rationale:** The claimant sustained a work-related injury in March 2013 and continues to be treated for low back pain. When seen, he was having worsening pain and muscle spasms. Medications include Anaprox DS and Tizanidine, being prescribed on a long term basis. Prilosec is being prescribed for dyspepsia due to non-steroidal anti-inflammatory medication use. Urine drug screening in February and April 2015 was consistent with the prescribed medications. Physical examination findings included lumbar tenderness with muscle spasms and positive straight leg rising. Guidelines recommend consideration of a proton pump inhibitor such as Omeprazole for the treatment of dyspepsia secondary to NSAID therapy. In this case, the claimant continues to take Anaprox DS at the recommended dose and has a history of gastrointestinal upset. Therefore, the requested Prilosec is medically necessary.

**Retrospective Zanaflex 2mg #120 for DOS 2/27/2015:** Upheld

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

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

**Decision rationale:** The claimant sustained a work-related injury in March 2013 and continues to be treated for low back pain. When seen, he was having worsening pain and muscle spasms. Medications include Anaprox DS and Tizanidine, being prescribed on a long term basis. Prilosec is being prescribed for dyspepsia due to non-steroidal anti-inflammatory medication use. Urine drug screening in February and April 2015 was consistent with the prescribed medications. Physical examination findings included lumbar tenderness with muscle spasms and positive straight leg rising. 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. Short-term use is recommended. In this case, Tizanidine is being prescribed on a long-term basis. The claimant does not have spasticity due to an upper motor neuron syndrome. The medication appears to be ineffective. Therefore, this request is not medically necessary.

**Retrospective random UA sample for DOS 2/27/2015:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screening.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77-78.

**Decision rationale:** The claimant sustained a work-related injury in March 2013 and continues to be treated for low back pain. When seen, he was having worsening pain and muscle spasms. Medications include Anaprox DS and Tizanidine, being prescribed on a long term basis. Prilosec is being prescribed for dyspepsia due to non-steroidal anti-inflammatory medication use. Urine

drug screening in February and April 2015 was consistent with the prescribed medications. Physical examination findings included lumbar tenderness with muscle spasms and positive straight leg rising. Criteria for the frequency of urine drug testing include evidence of risk stratification. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, there are no identified issues of abuse or addiction. There are no inconsistencies in the history, presentation, the claimant's behaviors, by physical examination, or on the previous urine drug test result that would be inconsistent with the claimant's prescribed medications. Therefore, this request for repeat urine drug screening three months after the previous testing is not medically necessary.