

Case Number:	CM14-0149589		
Date Assigned:	09/18/2014	Date of Injury:	09/17/2002
Decision Date:	10/23/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/15/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain and major depressive disorder reportedly associated with an industrial injury of September 17, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; unspecified amounts of acupuncture; adjuvant medications; and extensive periods of time off of work. In a Utilization Review Report dated September 10, 2014, the claims administrator approved a request for tramadol, denied a request for tizanidine, denied a request for omeprazole, approved a request for Norco, and approved a request for Motrin. The applicant's attorney subsequently appealed. In a February 6, 2014 progress note, the applicant reported persistent complaints of low back pain and depression. The applicant was on Flexeril, Neurontin, Motrin, Lidoderm, metformin, Norco, and tramadol; it was stated at that point in time. 2/10 pain was noted. The applicant stated that he was exercising on a treadmill 10 minutes a day twice daily. The applicant had reportedly missed some psychological counseling appointments. The applicant was diabetic, it was acknowledged. The applicant was smoking half a pack a day and also had a medical marijuana card, it was further noted. Norco was renewed. It was stated that the applicant was trying to look for work and wanted to return to work by June 2014. In a progress note dated April 11, 2014, the applicant was given prescriptions for Norco, Medrol, and Neurontin. It was stated that the applicant did have residual depressive symptoms and was presently off of work. 7/10 pain was noted. There was no mention of issues associated with reflux, heartburn, and/or dyspepsia appreciated on this note. In a June 4, 2014 progress note, the applicant's medication list reportedly included Flexeril, Neurontin, Motrin, Lidoderm, Medrol, metformin, Norco, Prilosec, and tramadol. It was not clear when the applicant's medication list was last updated, however.

On April 11, 2014, the applicant was apparently issued prescriptions for Norco, Medrol, and Neurontin. The applicant reported 7/10 pain radiating to the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

A prescription for Tizanidine 6mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine section. Page(s): 66 7.

Decision rationale: While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does note that tizanidine or Zanaflex is FDA approved in the management of spasticity and can be employed off-label for low back pain, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, there has been no explicit (or implicit) discussion of medication efficacy insofar as tizanidine is concerned in any recent progress note. The applicant is seemingly off of work. Ongoing usage of tizanidine has failed to curtail the applicant's dependence on opioid agents such as Norco and tramadol. The applicant continues to report high levels of pain, 7/10 or greater, despite ongoing usage of tizanidine. Therefore, the request is not medically necessary.

A prescription for Omeprazole 20mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 68.

Decision rationale: As noted on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants who are at heightened risks for gastrointestinal events include those applicants who are concurrently using non-steroidal anti-inflammatory drugs (NSAIDs) and corticosteroids. In this case, the applicant was or is seemingly using Medrol, a corticosteroid, in conjunction with ibuprofen, an NSAID. Prophylactic provision of proton pump inhibitors is indicated in individuals who are at heightened risk for gastrointestinal events, page 68 of the MTUS Chronic Pain Medical Treatment Guidelines suggests. Therefore, the request is medically necessary.