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| Case Number: | CM13-0038174 | | |
| Date Assigned: | 12/18/2013 | Date of Injury: | 07/21/2011 |
| Decision Date: | 06/05/2014 | UR Denial Date: | 08/29/2013 |
| Priority: | Standard | Application Received: | 09/27/2013 |

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 42 year old female who reported an injury on 07/21/2011. The mechanism of injury was unclear in the documentation provided. The clinical note dated 09/02/2013 reported the injured worker complained of right shoulder, elbow and wrist pain. On physical examination the injured worker had tenderness, decreased range of motion and positive impingement in the right shoulder. The injured worker also had tenderness at the elbow, wrist and cervical spine. There was decrease range of motion of the cervical spine. The injured worker was recommended to start acupuncture and undergo a trigger point injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR NIZATIDINE (AXID): Upheld

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): 68-69.

Decision rationale: The request for Nizatidine (Axid) is not medically necessary. The clinical information submitted was largely illegible. The California MTUS guidelines recommend treatment with dyspepsia secondary to NSAID therapy, the injured worker to stop the NSAID,

switch to a different NSAID or consider H2-receptor antagonist or PPI. There is a lack of information in the request submitted giving the amount of medication to be dispensed. Given the clinical information submitted, the request for Nizatidine is not medically necessary.

RETROSPECTIVE REQUEST FOR TRAMADOL ER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 113.

Decision rationale: The request for Tramadol ER is not medically necessary. The clinical information submitted was largely illegible. The California MTUS guidelines note Tramadol (Ultram®) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The guidelines also note an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The guidelines also recommend the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. There is a lack of information for the quantity of medication to be dispensed. Given the clinical information submitted, the request for Tramadol ER is not medically necessary.

RETROSPECTIVE REQUEST FOR ZANAFLEX: 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, Page(s): 63-64.

Decision rationale: The request for Zanaflex is not medically necessary. The clinical information submitted was largely illegible unable to indicate the medical necessity for the requested medication. The California MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. The clinical information is illegible unable to determine the length of treatment given with the requested medication, or the effectiveness. There is a lack of information for the quantity of medication to be dispensed. Given the clinical information submitted, the request for Zanaflex is not medically necessary.