

<b>Case Number:</b>	CM13-0041068		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	10/03/2009
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### 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 & Rehabilitation, 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 injured worker is a 30-year-old female who reported an injury on 10/03/2009. The mechanism of injury was not provided. The injured worker's medication history included naproxen, omeprazole, Tylenol, fluoxetine, topical compounds, vitamin B12, and zaleplon as of early 2013. The clinical documentation indicated the injured worker's medication history additionally included tizanidine as of 06/2013. The documentation of 09/16/2013 revealed the injured worker had decreased range of motion in the cervical spine due to pain. The plan included omeprazole and tizanidine, physical therapy, amitriptyline, and medication management safety, creatinine and ALT.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO TIZANIDINE HCL 2MG TAB; 1 TAB PO, UP TO 3 TIMES A DAY Q6-8; 1 BOTTLE #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** The MTUS Chronic Pain Guidelines recommend muscle relaxants as a second-line option for the short-term treatment of acute pain. Their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for 3 months. There was a lack of documentation of objective functional improvement. There was a lack of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for retro tizanidine hydrochloride 2 mg, 1 tab po up to 3 times a day q 6 to 8 hours, 1 bottle, #120, is not medically necessary and appropriate.

**RETRO OMEPRAZOLE 20MG CAPSULES; 1 CAPSULE PO DAILY Q24; #30, 1 MONTH SUPPLY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 66, 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

**Decision rationale:** The MTUS Chronic Pain Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAIDs. The clinical documentation provided indicated the injured worker had been utilizing the medication for greater than 9 months. There was a lack of documentation indicating the efficacy of the requested medication. Given the above, the request is not medically necessary and appropriate.