

<b>Case Number:</b>	CM13-0046815		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/02/2002
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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 Texas. 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 patient is a 69-year-old female that reported an injury on 12/2/02 due to cumulative trauma while performing normal job duties. The patient's treatment history included physical therapy, activity modifications, epidural steroid injections, chiropractic care, and multiple medications. The patient's most recent clinical documentation noted that the patient's medication schedule included tizanidine, Omeprazole, Celebrex, Voltaren gel, and Ultracet. It was noted that the patient had continued pain complaints rated at a 4/10. It was noted that the patient's medications were helping with her pain. No side effects from medication usage were reported. Physical findings included tenderness to palpation along the cervical and lumbar spine with normal motor strength and no neurological deficits. The patient's treatment plan included continuation of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 OMEPRAZOLE 20MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**Decision rationale:** The California MTUS recommends gastrointestinal protectants for patients who are at risk for developing gastrointestinal events related to long term medication usage. The clinical documentation submitted for review provides evidence that the patient has been on this medication since at least July 2008. However, the patient's most recent clinical documentation does not provide an adequate assessment of the patient's gastrointestinal system to support that she continues to be at risk for developing gastrointestinal events related to medication usage. Therefore, continuation of this medication is not supported. As such, the request is noncertified.

**60 TIZANIDINE 4MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**Decision rationale:** The California MTUS recommends the use of muscle relaxants be limited to acute exacerbations of pain for short durations not to exceed 2-3 weeks. The clinical documentation indicates that the patient has been on this medication since at least July 2008. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. Additionally, there are no indications that the patient is experiencing an acute exacerbation of pain that would benefit from this medication. As such, the request is noncertified.

**5 TUBES OF VOLTAREN GEL:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

**Decision rationale:** The California MTUS recommends the use of topical nonsteroidal anti-inflammatory drugs for short durations of treatment. The requested medication exceeds this recommendation. Additionally, the California MTUS states that there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. The patient's most recent clinical documentation focuses physical examination to spinal complaints. Therefore, the use of a topical nonsteroidal anti-inflammatory drug would not be appropriate for this patient. As such, the request is noncertified.

**120 TRAMADOL/APAP 37.5/325MG:** Upheld

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

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

**Decision rationale:** The California MTUS recommends the ongoing use of opioids in the management of chronic pain be supported by documented functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation submitted for review indicates that the patient has been on this medication since at least July 2008. The patient's most recent clinical evaluation fails to document a quantitative assessment of pain relief to support the efficacy of this medication. Additionally, there is no documentation of functional benefit to support continued use. The clinical documentation submitted for review does not include any evidence that the patient is monitored for aberrant behavior. As such, the request is noncertified.