

Case Number:	CM13-0055038		
Date Assigned:	04/14/2014	Date of Injury:	08/26/2009
Decision Date:	05/08/2014	UR Denial Date:	07/03/2013
Priority:	Standard	Application Received:	11/20/2013

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, has a subspecialty in Interventional Spine 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 patient is a 49 year old male with date of injury of 08/26/2010. The listed diagnoses per [REDACTED] dated 05/28/2013 are cervical radiculopathy (cannot rule out cervical myelopathy), left shoulder impingement, right elbow arthralgia, with symptoms consistent with lateral epicondylitis/tendinitis, left wrist arthralgia, right wrist arthralgia, status post scapholunate tear, ulnar styloid fracture, status post-surgical intervention right wrist, with persistent pain and crepitus, significant right wrist advanced DJD with scapholunate ligament injury, non-displaced intra-articular distal radio-volar fracture and deformity of the scaphoid due to previous fracture, right elbow common extensor tendon origin tendinosis with partial tear, status post right shoulder ASAO/DSR on 08/20/2012, left knee medial meniscus tear and status post right elbow surgery, 2013. The patient complains of pain in his bilateral knee, bilateral wrist, bilateral shoulder, and right elbow. He is status post right cubital tunnel release. He currently rates his symptoms at 7/10 on the pain scale. He has been using Tramadol ER, Flexeril, and Prilosec for gastric protection. He has used several different NSAIDs and notes they all cause severe GI side effects. The objective findings show a positive right shoulder bursitis with range of motion. He is tender over the dorsum of the right hand. There is crepitus/bursitis which is significant with range of motion about the left shoulder. Very mild impingement signs are appreciated. There is positive McMurray's creating medial pain. The provider is requesting Tizanidine, Hydrocodone and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

TIZANIDINE 4MG, #45: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodic Drugs.

Decision rationale: This patient presents with bilateral knee, bilateral wrist, bilateral shoulder, and right elbow pain. The provider is requesting a refill for Tizanidine, a muscle relaxant. The California MTUS Guidelines pages 63-66 states that Tizanidine "is a centrally acting alpha1-andrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain." In addition, it demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome. The review of records shows that the patient has been taking Tizanidine since 01/30/2013. The provider mentions medication efficacy stating, "He states medications help decrease his pain and decrease/spasms in his right trapezius musculature. He denies side effects Final Determination Letter for IMR Case Number [REDACTED] to medications." In this case, the patient reports significant relief from medication use. Recommendation is for authorization.

OMEPRAZOLE 20MG,#30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Proton Pump Inhibitors

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

Decision rationale: This patient presents with bilateral knee, bilateral wrist, bilateral shoulder, and right elbow pain. The request is for a refill of Omeprazole. The California MTUS Guidelines page 58 and 59 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events; (1) age is greater than 65 years, (2) history of peptic ulcer or GI bleed or perforation, (3) concurrent use of ASA or corticosteroids and/or anticoagulant, (4) high dose multiple NSAIDs. The review of over 400 pages of records show that the patient started taking Omeprazole on 01/30/2013. The report dated 05/28/2013 documents, "He has used several different NSAIDs and notes they all cause severe GI side effects." However, the patient's current list of medications does not include any NSAID that would warrant the use of a proton pump inhibitor such as Omeprazole. The patient does not present with any other diagnosis or symptoms that require use of Omeprazole. Therefore, the request for Omeprazole is not medically necessary and recommendation is for denial.