MAXIMUS Federal Services

Case Number:	CM13-0059708		
Date Assigned:	07/02/2014	Date of Injury:	08/27/2012
Decision Date:	09/05/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/02/2013

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 Family Practice, 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:

This 37 year old female claimant sustained a work injury on 8/27/12 involving the low back, shoulder, and arms. She was diagnosed with lumbar radiculopathy, shoulder strain, bicipital tenosynovitis, and ulnar neuropathy. A progress note on October 30, 2013, indicated the claimant had 7/10 back pain and right upper extremity pain. She had previously received right shoulder steroid injections. A subsequent request was made for Naproxen, Omeprazole, Gabapentin and Tizanidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN 550MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the MTUS guidelines, NSAIDs such as Naproxen are recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective that acetaminophen for acute low back pain. It is recommended as an option for short-term symptomatic relief. In this case there is no

documentation to indicate the use of Naproxen. The previous length of use is also not specified. Clinical response is not known. The request for Naproxen is not medically necessary.

OMEPRAZOLE 20MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

Decision rationale: According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Furthermore, the continued use of NSAIDs as above is not medically necessary. Therefore, the continued use of Omeprazole is not medically necessary.

GABAPENTIN 600MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

Decision rationale: According to the MTUS guidelines, Gabapentin is an anti-epilepsy drug (AED) which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The claimant does not have diabetic or herpetic neuropathy. The particular indication for Gabapentin use is not outlined in the documentation. Therefore, Gabapentin is not medically necessary.

TIZANIDINE 4MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants.

Decision rationale: Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to

diminish over time, and prolonged use of some medications in this class may lead to dependence. The claimant had been using muscle relaxants with NSAIDs. The length of prior use or clinical response is unknown. Therefore, Tizanidine is not medically necessary.