MAXIMUS Federal Services

Case Number:	CM14-0000730		
Date Assigned:	01/22/2014	Date of Injury:	05/10/2006
Decision Date:	06/02/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/02/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 an employee of [redacted], and has submitted a claim for low back pain, bilateral lower extremity pain and left knee pain, with an industrial injury date of May 10, 2006. The treatment to date has included knee arthroscopy, sacroiliac joint injections, lumbar epidural steroid injections, physical therapy, chronic use of muscle relaxants and opioid analgesics. Utilization review from December 26, 2013, partially certified the pharmacy purchase Omeprazole DR 20mg from #60 to #30 and denied the pharmacy purchase of Tizanidine HCL 4mg #60. Medical records from 2012 to 2013 were reviewed, the latest of which dated December 9, 2013 revealed the patient complains of low back pain that radiates to the bilateral lower extremities. She rates her pain as an 8/10 with medications and a 10/10 without medications. Her pain increases with activity and walking. Her pain is reportedly worse since her last office visit. She still has frequent lumbar spasms and reports that Tizanidine is helpful. On physical examination, the patient was observed to be in moderate distress. The examination of the lumbar spine revealed spasms in the paraspinous musculature. There is tenderness to palpation in the spinal vertebral area L4-S1 levels. The range of motion of the lumbar spine was moderately limited secondary to pain. Her pain was significantly increased with flexion and extension. Sensory examination shows no change since the patient's last visit. Lower extremity flexor and extensor strength were unchanged from prior examination. A positive straight leg raise with the patient in the seated position was noted in the left lower extremity at 50 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE DR 20MG #60: 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.

Decision rationale: According to page 68 of the Chronic Pain Medical Treatment Guidelines, chapter on NSAIDs, GI symptoms & cardiovascular, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. In this case, the patient does not have GI or cardiovascular risk factors and does not present with considerable GI symptoms. Therefore, the request for Omeprazole is not medically necessary.

TIZANIDINE HCL 4MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Page(s): 63-66.

Decision rationale: According to page 63 of the Chronic Pain Medical Treatment Guidelines, chapter on muscle relaxants (for pain), recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. In the case of the patient, she is 65 years old with a history of long-term use of muscle relaxants. Although already retired, the patient is at risk for injury secondary to associated symptoms with the long-term use of Tizanidine HCL. Therefore, the request for Tizanidine HCL is not medically necessary.