

<b>Case Number:</b>	CM14-0010104		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	12/29/2009
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 Family Medicine, 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 injured worker's date of injury was December 29, 2009. This patient's treating clinician is treating the patient for chronic pain involving headaches, neck and low back pain, knee pain, elbow, and wrist pain. The patient's clinician states this in the office visit note dated January 13, 2014. The patient appears able to sit for 15 minutes without pain. ROM of the low back is reduced due to pain. Muscle guarding is present. The paraspinal muscles are tender. The clinical diagnoses include: degeneration of cervical disc, post concussion and syndrome. The clinician is requesting three different medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TIZANIDINE 2MG #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANTS (FOR PAIN),

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 9792.20 - 9792.26, ANTISPASTICITY/ANTISPASMODIC DRUGS , PAGE 66

**Decision rationale:** This injured worker has chronic pain involving the neck and back. Tizanidine is a centrally acting alpha adrenergic agonist that is FDA approved to treat spasticity. It is not FDA approved for the treatment of chronic low back pain. The request for Tizandine 2mg, thirty count, is not medically necessary or appropriate.

**PRILOSEC DR 20MG #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 9792.20 - 9792.26, NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK PAGE, PAGE 68

**Decision rationale:** Prilosec is a proton pump inhibitor (PPI). A PPI is medically indicated to prevent harm from NSAIDS or corticosteroids given by mouth in patients who demonstrate a risk of GI complications. There is no medical justification presented in the medical records for this therapy. The request for Prilosec DR 20mg, thirty count, is not medically necessary or appropriate.

**THERMACARE PATCHES #3, 24 LARGE SIZE PACKS, 36 SMALL SIZE PACKS:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 8, NECK AND UPPER BACK COMPLAINTS, 174

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Thermacare is an over the counter heat generating wrap. The medical records do not state exactly where these are to be applied nor the frequency, or why they are needed over other topical approaches. The ODG guidelines do not recommend their use in treating chronic back pain. The request for Thermacare patches, three count, 24 large size packs, 36 small size packs, is not medically necessary or appropriate.