

Case Number:	CM14-0010829		
Date Assigned:	02/21/2014	Date of Injury:	01/13/2003
Decision Date:	06/26/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/27/2014

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 Physical Medicine and Rehabilitation, 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:

This is a male patient with the date of injury of January 13, 2003. A utilization review determination dated January 14, 2014 recommends non-certification of Zanaflex 2mg #60 and Prilosec 20mg #30. The previous reviewing physician recommended non-certification of Zanaflex 2mg #60 due to lack of documentation of improvement with previous use and non-certification of Prilosec 20mg #30 due to lack of documentation of a specific gastrointestinal condition and or use of medications with known and high risks of secondary gastrointestinal issues. The prior utilization review determination identifies central low back pain with radiation into the bilateral lower extremities. Objective findings identify antalgic slowed gait, restricted lumbar spine range of motion in all planes with pain, hypertonicity and spasm of lumbar paraspinals with tenderness and tight muscle bands, positive Gaenslen's, facet loading, point tenderness over PSIS and bilateral sacroiliac spine, hip range of motion restricted due to pain, tenderness over the SI joint, tenderness left lateral epicondyle, left elbow tenderness with restricted motion, 4/5 motor left shoulder external rotation and EHL bilaterally, positive bilateral straight leg raise and positive Faber, Stork, and Gillette tests. Diagnoses identify status post x2 lumbar spine decompression and fusion with chronic and ongoing spine (axial), lower extremity and appendicular complaints in addition to urological dysfunction. The patient has been treated with medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZANAFLEX 2 MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines §§9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 63-66 of 127.

Decision rationale: Regarding the request for Zanaflex, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Zanaflex specifically is FDA approved for management of spasticity; unlabeled use for low back pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Zanaflex. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Zanaflex is not medically necessary.

1 PRESCRIPTION FOR PRILOSEC 20 MG, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs,GI Symptoms and Cardiovascular Risk..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. §§9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68-69 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs)

Decision rationale: Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested omeprazole is not medically necessary.