

Case Number:	CM14-0014926		
Date Assigned:	02/28/2014	Date of Injury:	09/03/2009
Decision Date:	07/21/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/06/2014

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 and is licensed to practice in Texas. 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 injured worker is a 52-year-old male who reported an injury on 09/03/2009 secondary to an unknown mechanism of injury. His diagnoses include complex regional pain syndrome of the left upper extremity. His current medications were noted to include Lidoderm patches, tizanidine, and Omeprazole. According to the medical record submitted for review, the injured worker has also been treated previously with physical therapy, a splint, a pressure stocking, and left stellate ganglion blocks. The injured worker was evaluated on 12/04/2013 and reported neck and left shoulder pain radiating to the left upper extremity. He reported his pain as 7/-8/10 with the use of Lidoderm patches and tizanidine. He reported that, without medications, his pain is a 9-10/10. It was noted that there was slight improvement overall with pain levels and minimal improvement with function at the current dose of medications. On physical examination, the injured worker was noted to have left-sided cervical paraspinal tenderness with 2+ palpable muscle spasm. He was also noted to have 3/5 muscle strength in the left upper extremity, mottled discoloring of the left hand with allodynia, and temperature changes. The injured worker was recommended for continuation of tizanidine and Lidoderm patches. He was also recommended for continuation of Omeprazole as needed for gastrointestinal symptoms caused by medication. The treatment plan on this date also included a recommendation for a trial of interferential current stimulation, a trial of Lyrica, and a trial of compounded topical medication, including ketamine, diclofenac, Gabapentin, and lidocaine to be applied to the left upper extremity. A Request for Authorization was submitted on 12/09/2013 for the above named treatment recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

TIZADINE 2 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The California MTUS Guidelines may recommend tizanidine for the treatment of low back pain and muscle spasticity. According to the most recent clinical note, the injured worker reported a 10% to 20% reduction in pain with the use of tizanidine. It was noted that there was a slight improvement with pain levels and minimal improvement with function with the current dose of medications. There was a lack of documented evidence to indicate significant quantifiable pain relief and functional improvement with the injured worker's use of tizanidine. Furthermore, the request as written does not include a frequency or quantity of medication. Therefore, it cannot be determined that the request allows for appropriate medication use and timely re-assessment of medication efficacy. As such, the request for Tizadine 2 mg is non-certified.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 66.

Decision rationale: The California MTUS Guidelines may recommend tizanidine for the treatment of low back pain and muscle spasticity. According to the most recent clinical note, the injured worker reported a 10% to 20% reduction in pain with the use of tizanidine. It was noted that there was a slight improvement with pain levels and minimal improvement with function with the current dose of medications. There was a lack of documented evidence to indicate significant quantifiable pain relief and functional improvement with the injured worker's use of tizanidine. Furthermore, the request as written does not include a frequency or quantity of medication. Therefore, it cannot be determined that the request allows for appropriate medication use and timely re-assessment of medication efficacy. As such, the request for Tizanidine 2 mg is non-certified.

TRIAL OF KETAMIN/DICLOFENAC GABAPENTIN/LIDOCAINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: The requested medication contains at least 2 drugs that are not recommended, thus a trial of ketamine/diclofenac/Gabapentin/lidocaine is not recommended. Furthermore, the request as written does not include a dosage, frequency, or quantity of medication. Therefore, it cannot be determined that the request allows for safe and appropriate medication use or timely re-assessment of medication efficacy. As such, the request for Trial of Ketamin/Diclofenac Gabapentin/Lidocaine is non-certified.

OMEPRAZOLE 20MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitor. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMTPOMS & CARDIOVASCULAR RISK Page(s): 68-69.

Decision rationale: The California MTUS Guidelines do not recommend prophylactic use of a proton pump inhibitor unless the injured worker is at high risk for gastrointestinal events. These risk factors include age over 65 years old and a history of peptic ulcer, gastrointestinal bleeding, or perforation. There is a lack of documented evidence to indicate that the injured worker has a history of peptic ulcer, gastrointestinal bleeding, or perforation. Therefore, the medical necessity of Omeprazole use has not been established. Furthermore, the request as written does not specify a frequency or quantity of medication. Therefore, it cannot be determined that the requested medication has been prescribed in a safe and effective manner, or that the request allows for timely re-assessment of medication efficacy. As such, the request for Omeprazole 20mg is non-certified.