

Case Number:	CM14-0116045		
Date Assigned:	08/04/2014	Date of Injury:	03/15/2013
Decision Date:	09/22/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/24/2014

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 Occupational 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:

The injured worker was injured on 03/15/13. Pantoprazole and Tizanidine are under review. The injured worker's diagnoses include lumbar thoracic strain, lumbar spondylosis with discopathy and bilateral lower extremity sciatica. She also had bilateral wrist strains and possible internal derangement of the bilateral knees. She has used multiple medications. A trial of epidural steroid injections was recommended. She saw [REDACTED] on 01/14/14. She still had low back and knee pain. There were no significant objective changes. She had a panel QME on 03/26/14. She was diagnosed with a lumbar strain with muscle spasm, knee pain, and a knee contusion. She attended 6 visits of physical therapy without much progress. She reported ongoing low back, thoracic, bilateral knee, and wrist pain. She had extensive treatment. Past medical history was consistent with asthma and hypertension. She had spasm and guarding in the thoracic region and the low back. She was using Ultram and Tizanidine and had tried many medications. Her only other treatment was 6 visits of PT. On 03/28/14, PT was ordered. She was given Pantoprazole, Cyclobenzaprine and Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 40mg #30 0 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors Page(s): 102.

Decision rationale: MTUS Guidelines state the following: Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. For patients at high risk for gastrointestinal events with no cardiovascular disease a Cox-2 selective agent plus a PPI is absolutely necessary. For patients at high risk of gastrointestinal events with cardiovascular disease the suggestion is for a low-dose Cox-2 plus low dose Aspirin and a PPI. If cardiovascular risk is greater than GI risk the suggestion is Naproxen plus low-dose aspirin plus a PPI. In this case, there is no documentation of GI conditions or increased risk to support the use of this medication. As such, the request is not medically necessary.

Tizanidine 4mg #30 0 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxers; Medications for Chronic Pain Page(s): 97; 94.

Decision rationale: The MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP 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. Treatment with muscle relaxers should be brief. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded. The medical documentation provided does not establish the need for long-term/chronic usage of Tizanidine. Additionally, the medical records provided do not provide objective findings of acute spasms or a diagnosis of acute spasm. In this case, the injured worker's pattern of use of medications, including other first-line drugs such as acetaminophen and anti-inflammatories and the response to them, including relief of symptoms and documentation of functional improvement, have not been described. As such, the request is not medically necessary.

