

Case Number:	CM14-0156025		
Date Assigned:	09/25/2014	Date of Injury:	05/23/2011
Decision Date:	10/27/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	09/23/2014

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 is a 61-year-old female. She is diagnosed with (a) intractable lower back and leg pain, (b) status post work-related injury; (c) lower back pain; (d) right lumbar radiculopathy; (e) injury to right shoulder; and (f) uncontrolled blood pressure. She was seen on July 16, 2014 for an evaluation. She presented with complaints of right lower back pain, which was described as nagging, sharp, and mostly localized at the right hip. She also reported weakness in the right leg. She reported that medications did take the edge off the pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 1mg by mouth twice a day #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs.

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

Decision rationale: The request for Zanaflex 1 mg #60 is not considered medically necessary at this time. According to the California Medical Treatment Utilization Schedule, muscle relaxants are recommended for short-term treatment only. Based on the medical records submitted for review, it was determined that the injured worker has been taking Zanaflex since June 2014.

With this, prolonged use of Zanaflex has been noted, which has gone beyond the recommendation of the guidelines. More so, based on the medical records submitted for review, there were no objective findings for presence of muscle spasms for which Zanaflex is indicated for. Hence, the request for Zanaflex 1 mg #60 is unnecessary at this time.

Ibuprofen 800mg by mouth 3 times a day #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 72.

Decision rationale: The request for ibuprofen 800 mg #90 is not medically necessary at this time. Guidelines stated that this medication is recommended for osteoarthritis and off-label for ankylosing spondylitis. Based on the reviewed medical records, the injured worker is not diagnosed with any of these conditions.

Omeprazole 20mg by mouth twice a day #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain 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 Official Disability Guidelines (ODG), Pain Chapter, Proton pump inhibitors

Decision rationale: The request for omeprazole 20 mg #60 is not medically necessary at this time. From the medical records reviewed, there was no documentation of any gastrointestinal complaints. Additionally, as the request for ibuprofen 800 mg #90 was not considered medically necessary, the request for omeprazole 20 mg #60 is not medically necessary as well.