

Case Number:	CM14-0156375		
Date Assigned:	09/26/2014	Date of Injury:	11/05/2009
Decision Date:	10/27/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/24/2014

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 Physical Medicine and Rehabilitation 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 61 year-old male Quality Control Inspector sustained a repetitive cumulative trauma injury to the low back, right shoulder, and lower extremities on 11/5/09 while employed by [REDACTED]. Request(s) under consideration include Zanaflex 4mg capsule and Omeprazole 20mg capsule, delayed release. Diagnoses include lumbar herniated disc and s/p shoulder arthroscopy in October 2011 with post-op PT 18 sessions. Conservative care has included medications, acupuncture, therapy, diagnostics, and modified activities/rest. Report of 3/5/14 has medications listing Omeprazole, Celebrex, Neurontin, Lidoderm, Voltaren Gel. Medications were refilled. Report of 9/2/14 from the provider noted ongoing chronic symptoms of neck and shoulder pain along with low back pain with leg muscle spasm. There was noted stomach pain due to polypharmacy. The request(s) for Zanaflex 4mg capsule and Omeprazole 20mg capsule, delayed release were not medically necessary on 9/9/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg capsule: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 128.

Decision rationale: This 61 year-old male Quality Control Inspector sustained a repetitive cumulative trauma injury to the low back, right shoulder, and lower extremities on 11/5/09 while employed by [REDACTED]. Request(s) under consideration include Zanaflex 4mg capsule and Omeprazole 20mg capsule, delayed release. Diagnoses include lumbar herniated disc and s/p shoulder arthroscopy in October 2011 with post-op PT 18 sessions. Conservative care has included medications, acupuncture, therapy, diagnostics, and modified activities/rest. Report of 3/5/14 has medications listing Omeprazole, Celebrex, Neurontin, Lidoderm, Voltaren Gel. Medications were refilled. Report of 9/2/14 from the provider noted ongoing chronic symptoms of neck and shoulder pain along with low back pain with leg muscle spasm. There was noted stomach pain due to polypharmacy. The request(s) for Zanaflex 4mg capsule and Omeprazole 20mg capsule, delayed release were non-certified on 9/9/14. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2009. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains not working. The Zanaflex 4mg capsule is not medically necessary and appropriate.

Omeprazole 20mg capsule, delayed release: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk Page(s): 68-69.

Decision rationale: This 61 year-old male Quality Control Inspector sustained a repetitive cumulative trauma injury to the low back, right shoulder, and lower extremities on 11/5/09 while employed by [REDACTED]. Request(s) under consideration include Zanaflex 4mg capsule and Omeprazole 20mg capsule, delayed release. Diagnoses include lumbar herniated disc and s/p shoulder arthroscopy in October 2011 with post-op PT 18 sessions. Conservative care has included medications, acupuncture, therapy, diagnostics, and modified activities/rest. Report of 3/5/14 has medications listing Omeprazole, Celebrex, Neurontin, Lidoderm, Voltaren Gel. Medications were refilled. Report of 9/2/14 from the provider noted ongoing chronic symptoms of neck and shoulder pain along with low back pain with leg muscle spasm. There was noted stomach pain due to polypharmacy. The request(s) for Zanaflex 4mg capsule and Omeprazole 20mg capsule, delayed release were non-certified on 9/9/14. Omeprazole medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for

patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers, none of which apply to this patient. Submitted reports have not described or provided any confirmed GI diagnosis of erosive esophagitis or hypersecretion diseases that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, clinical findings to warrant this medication. The Omeprazole 20mg capsule, delayed release is not medically necessary and appropriate.