

<b>Case Number:</b>	CM14-0165088		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	07/18/2013
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	09/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 58 year old male who sustained an industrial injury on 07/18/13 when a piece of sheetrock fell onto him and pinned him to ground. He was diagnosed with compression fractures. His treatment to date has included acupuncture treatments, medications, Chiropractic treatment and physical therapy. He had rectal bleeding with Relafen and failed to improve with Ultracet. His evaluation included CT scan of lumbar spine on 11/15/13 that showed compression fracture of T12 and L2 as well as a healing fracture of left posterior 12th rib. An MRI of cervical spine on 03/17/14 revealed chronic wedging of T2, subtle disc disease in the cervical spine without central canal or neural foraminal narrowing. An MRI of lumbar and thoracic spine done on 06/07/14 revealed multilevel vertebral compression fractures at T2, T6, T12, L2 and L3, degenerative spondylotic changes of lumbar spine, diffuse disc bulge at L5-S1 with mild central canal stenosis and L1-L2 impressing the anterior aspect of the thecal sac. His diagnoses included cervical sprain and strain, T12 compression fracture and L2 compression fracture. The clinical notes from 09/03/14 was reviewed. His subjective complaints included neck, thoracic and low back pain. His medications were Norco, Colace, Prilosec, Tizanidine and Biofreeze gel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68.

**Decision rationale:** The employee had ongoing pain in neck and lower back. He had a prior history of rectal bleeding and was having ongoing GI upset according to the clinical notes from July 2014. He was also given Relafen prescription. According to MTUS, Chronic Pain medical treatment guidelines, proton pump inhibitors may be recommended for patients utilizing NSAIDs when the patient is at risk for gastrointestinal events or for dyspepsia. Since there is a prior history of GI bleeding and ongoing GI upset, the prescription of Prilosec 20mg is medically necessary and appropriate.

**Relafen 750mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

**Decision rationale:** The employee was being treated for cervical sprain/strain, thoracic and lumbar compression fractures. He was started on Relafen in July 2014 for an acute flare up of his chronic pain. He was noted to have 10/10 during that visit and was started on it in addition to his Norco. Given the ongoing back complaints, and since he had failed other first line medications, treatment with Relafen is appropriate. The request for Relafen is medically necessary and appropriate.

**Tizanidine 4mg #120:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine Page(s): 66.

**Decision rationale:** The employee was having significant pain in his back and neck. He had failed multiple treatments including first line medications, acupuncture and physical therapy. It was noted in his clinical notes from 08/06/14 that he was having myofascial spasms in his back and so Tizanidine and Biofreeze gel were added. The guidelines recommend Tizanidine for unlabeled use of low back pain. The employee was having significant pain despite multiple medications. Hence the request for Tizanidine is medically necessary and appropriate.

**Biofreeze #1 tube:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Biofreeze-cryotherapy gel

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Biofreeze

**Decision rationale:** The employee was having significant pain in his back and neck. He had failed multiple treatments including first line medications, acupuncture and physical therapy. It was noted in his clinical notes from 08/06/14 that he was having myofascial spasms in his back and so Tizanidine and Biofreeze gel were added. The Official Disability guidelines recommend Biofreeze as an optional form of cryotherapy for acute pain. The guidelines indicate that it takes the place of ice packs and lasts much longer. The employee was status post injury in July 2013. He had acute worsening of his chronic back pain during the month of August 2014. So the use of Biofreeze gel is medically necessary and appropriate.