

Case Number:	CM14-0021866		
Date Assigned:	05/14/2014	Date of Injury:	06/14/2013
Decision Date:	07/10/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/21/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 28-year-old female who reported an injury on 06/14/2013 and the mechanism of injury was not provided. The clinical note dated 01/02/2014 noted the injured worker presented with low back pain rated 6/10 with constant ache, stiffness, and spasms. Prior treatment included therapy and medications. Upon exam of the lumbar spine, the range of motion values were 45 degrees of flexion, 10 degrees of extension, 15 degrees of right lateral flexion, 15 degrees of left lateral flexion, and spasm noted at the end of each motion. The diagnoses were multilevel disc protrusion with annular tear of the lumbar spine, multilevel lumbar spine degenerative changes, and lumbar spine radiculopathy. The provider recommended Omeprazole, naproxen, and Tizanidine. Naproxen was recommended for baseline pain management and inflammation. The Omeprazole was recommended to protect gastric mucosa from the medication. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG #30 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms & Cardiovascular risk Page(s): 68.

Decision rationale: The California MTUS Guidelines recommend proton pump inhibitors for injured workers at risk for gastrointestinal events. The guidelines recommend that clinicians utilize the following criteria to determine if the injured worker is at risk for gastrointestinal events to include age greater than or equal to 65 years old, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or anticoagulants, or high dose of multiple NSAIDs. The medical documentation did not include the injured worker has gastrointestinal symptoms. The injured worker did not have a history of peptic ulcer, GI bleed, or perforation. The injured worker was not documented to be at risk for gastrointestinal events. Therefore, the request for Omeprazole 20mg #30 with 2 refills is not medically necessary.

NAPROXEN 550 MG #60 WITH TWO REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatory Medications Page(s): 22.

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

Decision rationale: The California MTUS Guidelines recommend the use of NSAIDs for injured workers with osteoarthritis including knee and hip and injured workers with acute exacerbation of chronic low back pain. The guidelines recommend NSAIDs at the lowest dose for the shortest period in injured workers with moderate to severe pain. Acetaminophen may be considered for initial therapy for injured workers with mild to moderate pain and in particular for those with gastrointestinal, cardiovascular, or renovascular risk factors. In injured workers with acute exacerbations of chronic low back pain, the guidelines recommend NSAIDs as an option for short-term symptomatic relief. The requesting physician did not provide adequate documentation of significant objective functional improvement related to naproxen to support continued use. There was a lack of evidence of a complete and adequate pain assessment of the injured worker. The request as submitted did not provide the frequency of the medication. Therefore, the request for Naproxen 550mg #60 with 2 refills is not medically necessary and appropriate.

TIZANIDINE 4 MG # 30 WITH TWO REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 66.

Decision rationale: The California MTUS Guidelines note that Tizanidine is FDA approved in the management of spasticity and can be endorsed off label in the treatment of low back pain. One study demonstrated significant decrease in pain associated with chronic myofascial pain

syndrome and it is used as a first-line option to treat myofascial pain. It may also provide benefit as an adjunct treatment for fibromyalgia. The injured worker has been prescribed Tizanidine since at least 08/29/2013; however, the efficacy of the medication was not provided to support continuation. There is lack of a complete and adequate pain assessment for the injured worker. There was a lack of measurable baseline to measure the efficacy of the medication. The request as submitted failed to provide the frequency of the medication. Therefore, the request for Tizanidine 4mg #30 with 2 refills is not medically necessary.