

Case Number:	CM14-0030327		
Date Assigned:	06/20/2014	Date of Injury:	01/07/2011
Decision Date:	07/17/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/10/2014

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 Texas and Ohio. 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 52-year-old female with an injury reported on 01/07/2011. The mechanism of injury was not provided within clinical note. The clinical note dated 03/03/2014 reported that the injured worker complained of neck pain. Upon physical examination of the injured worker's cervical spine, it was revealed that the range of motion was decreased by 50%. It was also reported the injured worker had minimal cervical tenderness per palpation. A MRI of the cervical spine dated 06/27/2012 revealed disc herniation to C5-6 and C6-7. The injured worker's diagnoses included cervical disc herniation, C5-6 and C6-7 status post (ACDF) anterior cervical discectomy and fusion on 09/05/2013, and cervical strain. The provider requested Tizanidine 4 mg, Pantoprazole 20 mg, and Methoderm ointment; the rationales for the requested treatments were not provided within clinical documentation. The Request for Authorization was submitted on 03/06/2014. The injured worker's prior treatments were not provided within clinical notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

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

Decision rationale: The request for Tizanidine 4 mg quantity 120 is not medically necessary. The injured worker complained of neck pain. The treating physician's rationale for tizanidine was not provided within clinical notes. The California MTUS Guidelines recognize Tizanidine as a centrally acting alpha2-adrenergic agonist muscle relaxant that is FDA approved for management of spasticity; unlabeled use for low back pain. There is a lack of clinical information provided documenting the efficacy of tizanidine as evidenced by decreased pain, decreased muscle spasms, and significant objective functional improvements. Furthermore, the requesting provider did not specify the utilization frequency of the medication being requested. As such, the request is not medically necessary.

Pantoprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's, GI symptoms and cardiovascular risk.

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

Decision rationale: The request for Pantoprazole 20 mg quantity 60 is not medically necessary. The injured worker complained of neck pain. The treating physician's rationale for Pantoprazole was not provided within clinical notes. The California MTUS Guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs, and a history of peptic ulcers. There is also a risk with long-term utilization of PPI (> 1 year) which has been shown to increase the risk of hip fracture. There is a lack of clinical information provided indicating the injured worker had gastritis. There is a lack of documentation of NSAID side effects reported by the injured worker that would warrant the use of a proton pump inhibitor. Moreover, there is a lack of clinical information provided indicating how long the injured worker has used pantoprazole. The guidelines identify increased risk of hip fracture with long term usage of PPIs. The injured worker also fails to fit the criteria of any significant risk for gastrointestinal bleeding or perforation. Therefore, the request is not medically necessary.

Menthoderm ointment 120ml #1 bottle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation www.drugs.com/cdi/menthoderm-cream.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105.

Decision rationale: The request for Menthoderm ointment 120 mL quantity 1 bottle is not medically necessary. The injured worker complained of neck pain. The treating physician's

rationale for the topical ointment was not provided within clinical notes. The California MTUS Guidelines recommend topical salicylate (e.g., Ben-Gay, methyl salicylate) as significantly better than placebo in chronic pain. There is a lack of clinical information provided documenting the efficacy of Methoderm ointment as evidenced by decreased pain and significant objective functional improvements. Furthermore, the requesting provider did not specify the utilization frequency or the location of application of the medication being requested. Therefore, the request is not medically necessary.