

Case Number:	CM14-0031106		
Date Assigned:	06/20/2014	Date of Injury:	11/09/2012
Decision Date:	07/23/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/12/2014

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 Orthopedic Surgery 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 56 year-old male who was reportedly injured on 11/9/2012 the mechanism of injury is noted as lifting injury while loading bags on an airplane and carousel. The most recent progress note, dated 5/13/2014 indicates that there are ongoing complaints of low back pain, right leg pain, tingling, and numbness. The physical examination of the Lumbosacral Spine: range of motion of the dorsal lumbar spine is 25 flexion, 5 extension, 10 lateral bending, and 30 rotation bilaterally. He continues to have dermatomal changes in the L4-L5 level of the right with some anterior tib weakness noted on the right. Diagnostic imaging studies include the lumbar spine MRI performed on 2/28/2013 which reveals disc bulge with right central disc extrusion extending cranially 4.1 cm at L4-L5 with minimal dural compression. Mild right neural foraminal stenosis is also present. Central disc protrusion at T11-T12 with mild dural compression. Electrodiagnostic study dated 5/28/2013 reveals evidence of mild L-5 radiculopathy on the right. Previous treatment includes epidural steroid injections, Norco 5/325, Tizanidine 4 Mg, Prilosec 20 mg*. A request had been made for Tizanidine 4mg Quantity 120, and Prilosec 20mg Quantity 60, and was not certified in the pre-authorization process on 2/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg Quantity 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Anti-Spasticity/Anti-spasmodic drugs Page(s): 66.

Decision rationale: Tizanidine is a centrally acting alpha2-adrenergic agonist that is Food And Drug Administration (FDA) approved for the management of spasticity. It is unlabeled for use in low back pain. Muscle relaxants are only indicated as 2nd line options for short-term treatment. It appears that this medication is being used on a chronic basis for the treatment of this 56 year old male's chronic low back pain. Which is against the chronic pain medical treatment guideline recommendations. Therefore, this medication is not medically necessary.

Prilosec 20mg Quantity 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS GI Symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68.

Decision rationale: Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. An unspecified gastrointestinal disorder has not been established or documented in these medical records reviewed for this 56 year old male. Therefore, in accordance with the chronic pain medical treatment guidelines the use of this medication is found to be not medically necessary.