

Case Number:	CM14-0032649		
Date Assigned:	06/20/2014	Date of Injury:	06/24/2008
Decision Date:	07/22/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/14/2014

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 Nevada. 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 50-year-old male who was reportedly injured on June 24, 2008. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated December 11, 2013, indicated that there were ongoing complaints of mid back pain and low back pain radiating to the bilateral lower extremities. The physical examination demonstrated tenderness along the cervical spine and lumbar spine with muscle spasms. Trigger points were present along the lower lumbar spine. There was a positive left sided straight leg raise test. The treatment plan included chiropractic care and a prescription of Anaprox, Neurontin, Zanaflex, Prilosec, tramadol, Sentra, and Theramine. A request had been made for Prilosec, Zanaflex and Atarax and was not certified in the pre-authorization process on February 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20MG #60 (prescribed: 2/10/14): Upheld

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 : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 68 of 127.

Decision rationale: Prilosec is a proton pump inhibitor sometimes used for those who experience gastric upset when taking non-steroidal anti-inflammatory drugs (NSAIDs). According to the medical note, dated December 11, 2013, Prilosec was prescribed, because the injured employee was taking an NSAID, which was felt to put him at risk for developing gastric distress. However, the injured employee had no complaints of gastrointestinal issues nor were there any diagnosis of one. Without specific justification for prescribing a proton pump inhibitor, this request for Prilosec was not medically necessary.

Zanaflex 4MG #90 (prescribed: 2/10/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 63 of 127.

Decision rationale: Zanaflex is a muscle relaxant indicated as a second line option for short term treatment of acute exacerbations of patients with chronic low back pain. There was no mention in the attached medical record that the injured employee was experiencing any acute exacerbations. Additionally, a prescription of 90 tablets did not indicate episodic short term usage. For these reasons, this request for Zanaflex is not medically necessary.

Atarax 25MG #30 (prescribed: 2/10/14): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, sedatives/hypnotics, updated June 12, 2014.

Decision rationale: Atarax is an anti-histamine used for allergic disorders and is sometimes also used as a sleep aid. There was no mention in the attached medical record that the injured employee has either one of these issues. This request for Atarax is not medically necessary.