

Case Number:	CM14-0034928		
Date Assigned:	06/23/2014	Date of Injury:	07/22/2010
Decision Date:	07/24/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/20/2014

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 has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 47 year old male who received multi trauma on 07/22/10. On this date it was reported that he was going up an extension ladder when he started to fall and held on to the railing of a balcony. Ultimately he fell from a one story home. Current diagnosis included: cervical strain, left shoulder impingement, lumbar disc disease. The injured worker was treated with oral medications physical therapy localized cortisone injections. The claimant underwent transforaminal epidural steroid injections at L4-5 and L5-S1 and bilateral facet injections on 10/06/11. Per the most recent clinical note dated 04/08/14 the injured worker declined surgical intervention involving the left shoulder and subsequently was placed at permanent and stationary status. Per this note on physical examination there was tenderness to palpation with associated muscle guarding and hypertonicity over the cervical paraspinal musculature. Cervical range of motion was reduced. There was tenderness to palpation with muscle guarding and hypertonicity over the lumbar paraspinal musculature. Lumbar range of motion was reduced. Left shoulder range of motion was reduced. Impingement test was positive. Cross arm test was positive. Motor strength was grade 4/5 in all planes of motion of the left shoulder. Sensation was decreased to pin prick in the light touch and bilateral lower extremities and a non-dermatomal pattern. Clinical note dated 06/19/13 noted that the injured worker had continued pain continued complaints of left shoulder pain with complaints of popping with motion. Examination of the cervical spine and lumbar spine noted tenderness with decreased range of motion. Utilization review determination for or dated 03/04/14 non-certified the requests for Prilosec 20mg and Zanaflex 4mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 67-73.

Decision rationale: Per review of the clinical records the injured worker sustained trauma to the cervical spine and lumbar spine and left shoulder. The records as provided do not indicate that the injured worker suffers from medication induced gastritis and as such the medical necessity for the continued use of Prilosec 20mg is not supported. Therefore, the request for Prilosec 20mg #30 is not medically necessary.

Zanaflex 4mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The most recent clinical records provide no objective data establishing that the injured worker suffers from continued myospasm for which this medication would be indicated. It would further be noted that California Medical Treatment Utilization Schedule does not support the long term use of muscle relaxants in the treatment of chronic pain. As such, the request is not supported as medically necessary. Therefore, the request for Zanaflex 4mg #90 is not medically necessary.