

Case Number:	CM14-0040458		
Date Assigned:	06/27/2014	Date of Injury:	02/01/2008
Decision Date:	08/19/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	04/07/2014

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 Occupational Medicine 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 patient is a 50-year-old female who has submitted a claim for postsurgical states and lower leg joint pain associated with an industrial injury date of February 1, 2008. Medical records from 2013 to 2014 were reviewed. The patient complained of calf cramps, and right hip and bilateral knee pain. Physical examination showed an antalgic limp on the left; diffuse tenderness of the knee, left greater than right; and slightly positive anterior drawer sign and Lachman test on the left. The diagnoses were right hip trochanteric bursitis, knee arthralgia, chondromalacia patellae, lower leg joint derangement, ligament laxity; and status post left total knee replacement and right knee arthroscopy. Current pain medications include gabapentin, hydrocodone-acetaminophen, omeprazole, naproxen sodium and carisoprodol. Treatment plan includes requests for tizanidine for calf spasm, and omeprazole. Treatment to date has included oral and topical analgesics, bilateral knee surgery, physical therapy, home exercises, and hot/cold modalities. Utilization review from February 28, 2014 denied the requests for omeprazole 20mg #60 and tizanidine 4mg #60 because the guideline does not recommend long term muscle relaxants for chronic pain. There was also no documentation or rationale that the requested medication is required for the treatment of sustained injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20MG #60: Upheld

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

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

Decision rationale: According to page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors should be prescribed in patients on NSAID therapy who are at risk for GI events. Risk factors includes age > 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPI > 1 year has been shown to increase the risk of hip fracture. Patients with intermediate or high risk factors should be prescribed proton pump inhibitor. In this case, there was no documentation of gastrointestinal issues in this patient. Moreover, there was no indication that the patient has intermediate or high risk factors for developing gastrointestinal events. The guideline recommends PPI use for those with intermediate or high risk factors. The medical necessity has not been established. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Omeprazole 20MG #60 is not medically necessary.

Tizanidine 4MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex, generic available) Page(s): 63-66.

Decision rationale: Page 63-66 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that Tizanidine is a centrally acting alpha₂-adrenergic agonist that is FDA approved for management of spasticity and off label use for low back pain. In addition, MTUS also states that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, tizanidine intake was noted on July 2013. However, the medical records do not clearly reflect continued functional benefit from its use. Long-term use is not supported by the guideline. Furthermore, there was no documentation of muscle spasms and acute pain exacerbation. The medical necessity has not been established. There was no clear rationale for continued use of this medication. Therefore, the request for Tizanidine 4MG #60 is not medically necessary.