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| Case Number: | CM14-0041891 | | |
| Date Assigned: | 06/30/2014 | Date of Injury: | 08/30/2010 |
| Decision Date: | 09/26/2014 | UR Denial Date: | 03/28/2014 |
| Priority: | Standard | Application Received: | 04/09/2014 |

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:

This 57 year old female was reportedly injured on 6/30/2010. The mechanism of injury is noted as an industrial injury. The most recent progress note, dated 3/26/2014, indicates that there are ongoing complaints of low back pain that radiates down bilateral lower extremities. The physical examination demonstrated lumbar spine: positive spasm noted in the bilateral paraspinal musculature L4 to S1, positive tenderness to palpation bilaterally in the paravertebral area L4 to S1, limited range of motion with pain, decreased sensation to light touch along the L4 to S1 dermatome bilateral lower extremities, decreased muscle strength of the extensor muscles and flexor muscles in bilateral lower extremities. Straight leg raise in the seated position was positive at 60 degrees and there are no recent diagnostic studies available for review. Previous treatment includes medication, referral to pain management, and conservative treatment. A request was made for Zanaflex milligrams quantity thirty, Lidoderm 5 percent patch, Omeprazole 20 milligrams quantity thirty and was not certified in the preauthorization process on 3/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine HCL 2 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 66.

Decision rationale: Zanaflex (Tizanidine) is a centrally acting alpha 2 adrenergic agonist that is Food and Drug Administration approved for management of spasticity. It is unlabeled for use in low back pain. Muscle relaxants are only indicated as second line options for short term treatment. It appears that this medication is being used on a chronic basis which is not supported by Medical Treatment Utilization

Lidoderm 5% Patch: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) guidelines support the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with first line therapy including antidepressants or anti-epilepsy medications. In the clinical documentation provided there is no documentation of failure of first-line therapy. The request is considered not medically necessary.

Omeprazole DR 20 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines,Pain Chapter,Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) guidelines support the use of proton pump inhibitors (PPI) in patients taking non-steroidal anti-inflammatory medications with documented gastro esophageal (GI) distress symptoms and/or significant risk factors. Review of the available medical records, fails to document any signs or symptoms of GI distress which would require PPI treatment. It is noted in subjective complaints stomach upset is listed, however this is insufficient documentation for the necessity of a PPI. This request is not considered medically necessary.