

Case Number:	CM14-0057594		
Date Assigned:	07/09/2014	Date of Injury:	07/01/1997
Decision Date:	09/08/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	04/28/2014

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 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 records presented for review indicate that this 52 year-old individual was reportedly injured on 7/1/1997. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated 2/14/2014, indicates that there are ongoing complaints of low back pain, neck pain, right shoulder pain, and bilateral lower extremity pain. The physical examination demonstrated lumbar spine: antalgic gait. Positive tenderness to palpation lumbar facets, spinous processes, paraspinal muscles, gluteal, PSIS, sacrum, and SI joint. Positive bilateral straight leg raise, positive Patrick's test bilaterally. No recent diagnostic studies are available for review. Previous treatment includes previous lumbar fusion, medications, and conservative treatment. A request had been made for Ibuprofen 600 mg #120, Tizanidine 4 mg #90, and was not certified in the pre-authorization process on 4/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Request For 1 Prescription of Ibuprofen 600 Mg #120: Overturned

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

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): 22 OF 127.

Decision rationale: Ibuprofen is a nonselective, non-steroidal anti-inflammatory medication which has some indication for chronic low back pain. When noting the claimant's diagnosis and signs/symptoms, there is a clinical indication for the use of this medication as noted in the applicable guidelines. The only concern for the continued use of this medication is past medical history of GERD, and personal history of peptic ulcer disease. The request is considered medically necessary and appropriate.

Prospective Request for Prescription of Tizanidine HCL 4 Mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS; (Effective July 18, 2009) Antispasticity/Antispasmodic drugs Page(s): 66 of 127.

Decision rationale: Zanaflex (Tizanidine) is a centrally acting alpha 2-adrenergic agonist that is FDA approved for 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 which is not supported by MTUS treatment guidelines. Therefore, the continued use of this medication is deemed not medically necessary.