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| Case Number: | CM14-0063436 | | |
| Date Assigned: | 07/11/2014 | Date of Injury: | 07/11/2012 |
| Decision Date: | 09/16/2014 | UR Denial Date: | 04/15/2014 |
| Priority: | Standard | Application Received: | 05/06/2014 |

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 Anesthesiology, Pain Medicine, has a subspecialty and is licensed to practice in Florida. 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 48-year-old male with a reported date of injury on 07/11/2012; the mechanism of injury was a fall after a ladder collapsed. The injured worker was diagnosed with left knee pain. Prior treatments included physical therapy, home exercise program, and medications. Diagnostic studies included an MRI of the left knee on 09/20/2012 and an EMG/NCV of the lower extremities. Surgical history included a left knee arthroscopy which was performed on 03/20/2013. The clinical note dated 02/21/2014 noted the injured worker reported his left knee was improved. The injured worker reported sigh to moderate aching pain to the left knee rated 4/10 to 5/10. The injured worker denied heartburn, change in appetite, nausea, a change in bowel habits, rectal bleeding, constipation, or diarrhea. Upon examination the injured worker had tenderness to the joint line of the left knee. The physician indicated the medication was helping provide relief for the injured worker's moderate to severe pain. the provider indicated the long term use of Norco caused some gastrointestinal upset. The physician's treatment plan included recommendations for continuation of medications. The physician recommended tizanidine for muscle spasms and omeprazole due to gastrointestinal upset related to the use of Norco. The Request for Authorization was dated 01/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4 mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants, page Page(s): 63-66.

Decision rationale: The California MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. 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. Within the provided documentation the physician noted the medication was recommended for muscle spasms; however, there is a lack of documentation indicating the injured worker has significant muscle spasms on physical examination. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Per the provided documentation the injured worker has been prescribed this medication since at least 01/21/2014. Continued usage of this medication would exceed the guideline recommend for short-term use. Additionally, the frequency at which the medication is prescribed is not indicated in order to determine the medical necessity of the medication. As such, the request for Tizanidine 4 mg, #120 is not medically necessary.

Omeprazole 20 mg, #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids Page(s): 80-81.

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

Decision rationale: The California MTUS guidelines recommend the use of a proton pump inhibitor (such as omeprazole) for injured workers at intermediate risk for gastrointestinal events with no cardiovascular disease and injured workers at high risk for gastrointestinal events with no cardiovascular disease. The guidelines note injured workers at risk for gastrointestinal events include injured workers over 65 years of age, injured workers with a history of peptic ulcer, GI bleeding or perforation, with concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Per the provided documentation the physician recommended the medication due to gastrointestinal upset related to Norco. Upon physical examination the injured worker denied all gastrointestinal symptoms. There is a lack of documentation indicating the injured worker has significant gastrointestinal issues. There is no indication the injured worker has a history of gastrointestinal bleeding, peptic ulcer, or perforation. There is a lack of documentation demonstrating the injured worker has significant objective improvement with use of the medication. Additionally, the frequency at which the medication is prescribed is not indicated in order to determine the medical necessity of the medication. As such, the request for Omeprazole 20 mg, #100 is not medically necessary.

