

<b>Case Number:</b>	CM14-0071765		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	01/13/1974
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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:

The records presented for review indicate that this 72 year old female was reportedly injured on January 13, 1974. The mechanism of injury is undisclosed. The most recent progress note, dated July 11, 2014, indicates that there are ongoing complaints of neck pain, bilateral shoulder pain, and low back pain radiating to the lower extremities. Pain level is stated to be 10/10 without medications and 7/10 with medications. Future cervical spine epidural steroid injections are scheduled. The physical examination demonstrated decreased lumbar spine range of motion and a positive bilateral straight leg raise test. Examination of the cervical spine noted tenderness and spasms along the posterior neck, trapezius, and rhomboids. There was a positive Spurling's test. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes cervical spine epidural steroid injections a request was made for Methadone, Prilosec, and Zanaflex and was not certified in the pre-authorization process on April 28, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone 10mg #360:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS, Opioids, 8 C.C.R. 9792.20 - 9792.26. (Effective July 18, 2009) Page(s): 74, 78, 93.

**Decision rationale:** According to the most recent progress note dated July 11, 2014, current medications including methadone are stated to help decrease the injured employees pain level from 10/10 to 7/10 as well as increased activity tolerance, restore partial overall functioning, and complete necessary activities of daily living. Considering this, the request for Methadone is medically necessary.

**Prilosec 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and Cardiovascular risk.

**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): 68.

**Decision rationale:** Prilosec (omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti inflammatory medications. There is no indication in the record provided of a gastrointestinal (GI) disorder. Additionally, the injured employee does not have a significant risk factor for potential GI complications as outlined by the MTUS. Therefore, this request for Prilosec is not medically necessary.

**Zanaflex 2mg #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Muscle relaxants (for pain) Page(s): 63-66.

**Decision rationale:** Zanaflex is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note dated July 11, 2014, muscle spasms were noted along the spine on physical examination. Therefore, this request for Zanaflex is medically necessary.