

Case Number:	CM13-0040466		
Date Assigned:	12/20/2013	Date of Injury:	04/05/2005
Decision Date:	05/22/2015	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/10/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California, Florida
 Certification(s)/Specialty: Family Practice

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 51-year-old female with a reported injury on 04/05/2005. The injury reportedly occurred when the injured worker stepped into an uncovered drain hole, fell forward, and struck her head on a door. Her diagnoses were noted to include multilevel cervical disc desiccation and bulging; right shoulder impingement syndrome with acromioclavicular joint pain; right wrist pain following carpal tunnel release; status post left carpal tunnel release on 08/06/2012; left de Quervain's tenosynovitis; lumbar discopathy with stenosis; right knee strain; right ankle trauma; and head trauma with headaches. Her medications were noted to include Xoten-c lotion, naproxen 550 mg, tizanidine 4 mg, tramadol ER 150 mg, Norco 10/325 mg, and omeprazole 20 mg. The only surgical history provided was as listed in her diagnoses. No official diagnostic testing reports were provided for review. Her other therapies have included medications, activity modification, and 10 physical therapy visits. The injured worker was evaluated on 09/04/2013 for complaints of increased low back pain. She also complained that her hands continued to bother her. She was noted to be working and reported that she continued to drop things. Prolonged sitting and standing increased her back pain. She complained of numbness and tingling in the legs as well. Physical examination of the bilateral hand and wrist revealed well healed surgical scars. There was unspecified swelling noted. Range of motion was limited. Examination of the lumbar spine revealed paraspinal muscle tenderness and spasm. Range of motion was limited. There was decreased sensation about the L5 dermatome on the left. The hamstrings were tight bilaterally. There was a positive straight leg raise on the left.

The clinician's treatment plan included x-rays, prescriptions, a 6 month DMV handicap placard, and a return visit in 6 weeks. The Request for Authorization form was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20MG #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69-70.

Decision rationale: The request for omeprazole 20 mg #100 is not medically necessary. The injured worker continued to complain of pain. The California MTUS Chronic Pain Guidelines recommend proton pump inhibitors for patients taking nonsteroidal anti-inflammatory drugs who are at intermediate to high risk for gastrointestinal events, and for the treatment of dyspepsia secondary to nonsteroidal anti-inflammatory drug therapy after stopping the nonsteroidal anti-inflammatory drug and switching to a different nonsteroidal anti-inflammatory drug have failed. The provided documentation did not indicate that the injured worker was at intermediate to high risk for gastrointestinal events or that she had dyspepsia secondary to nonsteroidal anti-inflammatory drug therapy and had failed stopping the nonsteroidal anti-inflammatory drug and switching to a different nonsteroidal anti-inflammatory drug. As such, the requested service is not supported. Therefore, the request for omeprazole 20 mg #100 is not medically necessary.

Tizanidine 4MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-67.

Decision rationale: The request for tizanidine 4 mg #120 mg is not medically necessary. The injured worker continued to complain of pain. The California MTUS Chronic Pain 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. The provided documentation did not indicate muscle spasms or the effectiveness of the tizanidine with a quantified decrease in low back pain following ingestion. Additionally, the request for 120 tablets indicates long term use rather than short term use, as recommended by the guidelines. As such, the requested service is not supported. Therefore, the request for tizanidine 4 mg #120 is not medically necessary.

Hydrocodone/APAP 10MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77-81.

Decision rationale: The request for hydrocodone/APAP 10 mg #60 is not medically necessary. The injured worker continued to complain of pain. The California MTUS Chronic Pain Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects for patients taking opioid medications. The provided documentation did not provide a pain assessment, including the current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Additionally, there was no documentation of improved functional status with the use of the opioid medications and there was no documentation of appropriate medication use and side effects. As such, the requested service is not supported. Therefore, the request for hydrocodone/APAP 10 mg #60 is not medically necessary.

Tramadol 50MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77-81.

Decision rationale: The request for tramadol 50 mg #60 is not medically necessary. The injured worker continued to complain of pain. The California MTUS Chronic Pain Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects for patients taking opioid medications. The provided documentation did not provide a pain assessment, including the current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Additionally, there was no documentation of improved functional status with the use of the opioid medications and there was no documentation of appropriate medication use and side effects. As such, the requested service is not supported. Therefore, the request for tramadol 50 mg #60 is not medically necessary.