

Case Number:	CM14-0188893		
Date Assigned:	11/19/2014	Date of Injury:	05/08/2010
Decision Date:	01/07/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/12/2014

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 California. 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 patient is a 42 year old female with date of injury 5/08/10. The treating physician report dated 10/21/14 indicates that the patient presents with pain affecting the low back. The physical examination findings from this report are said to have "no significant changes." Therefore, objective findings from previous reports are referenced. According to progress report 5/05/14 and 6/03/14 the patient's average pain is about 4-5/10 and can get up to a 7-8/10. With Norco and Relafen it comes down to 3/10. Progress note from 7/01/14 states that the patient has low back pain with possible radiculopathy. Progress note from 8/26/14 states that the patient has palpatory tenderness all throughout the thoracic and lower lumbar area. Prior treatment history includes injection, x-rays, acupuncture, traction and medication. MRI findings reveal central disk herniation at L5-S1 with possible contact with right S1 nerve root. The current diagnosis is chronic low back pain. The utilization review report dated 11/04/14 denied the request for Tizanidine 4 mg #90 and Prilosec 20 mg #30 based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4 mg, #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain) Page(s): 63 - 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain) Page(s): 63-66.

Decision rationale: The patient presents with low back pain. The current request is for Tizanidine 4 mg #90. Although this injury is over four years old the physician's progress report indicates that Tizanidine was prescribed to address occasional acute flare-ups on a prn basis to eliminate the need for the patient to go to the emergency room for an acute flare up of her low back pain to receive a "pain shot." The MTUS guidelines do recommend Tizanidine and states that muscle relaxants may be effective in reducing pain and muscle tension as well as increasing mobility. There are no specific short term usage recommendations and the treating physician has documented that this medication helps reduce pain and improve function. Therefore, Tizanidine 4 mg, #90 is medically necessary and appropriate.

Prilosec 20 mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 69.

Decision rationale: The patient presents with low back pain. The current request is for Prilosec 20 mg #30. MTUS guidelines state that determination needs to be made if the patient is at risk for gastrointestinal events, which include "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions." The documentation provided does not reveal that the patient is at risk for any of the above cited gastrointestinal events. Therefore, Prilosec 20 mg, #30 is not medically necessary and appropriate.