

Case Number:	CM14-0215257		
Date Assigned:	01/02/2015	Date of Injury:	05/05/2012
Decision Date:	04/14/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55-year-old female who reported an injury on 05/05/2012. The mechanism of injury was the injured worker was pulling a heavy baby crib. The prior diagnostic studies included an MRI of the cervical spine and an EMG/NCV. The injured worker underwent an MRI of the bilateral shoulders. The injured worker underwent a right shoulder subacromial decompression, glenoid humeral debridement, and rotator cuff repair on 02/12/2013. The injured worker underwent an arthroscopic surgery with partial meniscectomy in 2003. The documentation of 10/02/2014 revealed the injured worker had complaints of constant neck and shoulder pain, and low back pain. The pain in the neck radiated down the bilateral arms, and resulted in occasional weakness. The injured worker was noted to be out of Zanaflex and omeprazole. The physical examination revealed paraspinal tenderness in the cervical spine, and mild decreased sensation to C4 and C7, with distributions bilaterally, left greater than right. The diagnoses included other and unspecified disc disorder of the cervical region, and cervical radiculopathy. The treatment plan included a refill of Zanaflex and omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 2 mg # 30: Upheld

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 Muscle Relaxants Page(s): 63.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. There was a lack of documentation of objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Zanaflex 2 mg, #30, is not medically necessary.

Omeprazole 20 mg # 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines state proton pump inhibitors are recommended for injured workers at intermediate or high risk for gastrointestinal events. Injured workers with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor. The California MTUS recommends PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had utilized the medication previously. There was a lack of documentation indicating efficacy for the requested medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for omeprazole 20 mg, #30, is not medically necessary.