

Case Number:	CM15-0206810		
Date Assigned:	10/23/2015	Date of Injury:	04/09/2007
Decision Date:	12/09/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/21/2015

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

Certification(s)/Specialty: Emergency Medicine

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 69 year old male, who sustained an industrial injury on 4-9-07. The injured worker was diagnosed as having chronic neck pain; left frozen shoulder; chronic thoracic lower and low back pain; bilateral carpal tunnel syndrome; complication of spinal procedure resulting in syringomyelia C3 level. Treatment to date has included status post C5-C6 and C6-C7 cervical fusion (2007); status post cervical fusion revision (10-29-12); status post left knee replacement surgery (9-2009); physical therapy; medications. Currently, the PR-2 notes dated 9-30-15 indicated the injured worker complains of ongoing neck and left shoulder pain. He reports he has been authorized for speech therapy and a difficult time getting into a surgeon's office for spine consultation. He notes he needs medication refills and continues to do well. The provider notes medications have not changed since the 9-2-15 visit and then reviews his diagnoses. The treatment plan dispenses Norco; Neurotin and Tizanidine. He writes a prescription for Zoloft, Prilosec and Senokot-S. He also mentions he has requested in the past, transportation to and from the medical office for the injured worker. A PR-2 note dated 9-2-15 indicates the injured worker was in the office for further evaluation of neck and shoulder pain and lower back pain that radiates to the lower extremities. He was last seen on 8-5-15. There has been a request for the injured worker to see a spine surgeon who performed the injured workers cervical spine surgery. The injured worker has been having difficulty swallowing foods and reports he chokes and has difficulty eating. He also complains of difficulty getting transportation to and from his office visits. He is unable to drive, has poor vision and difficulty walking any distance. In the meantime, the provider notes "patient is doing well with the increase of the Norco up to 3 tablets

as day. It brings his pain levels down to tolerable levels from 8 out of 10 to 5 out of 10 or 6 out of 10 levels. It allows him to stay active for longer periods of time. He walks with assistance of a walker. PR-2 notes as far back as 4-2-15 indicate the injured worker has been prescribed these same medications: Tizanidine 4mg; Prilosec 20mg and Senokot-S. A Request for Authorization is dated 10-19-15. A Utilization Review letter is dated 10-16-15 and non-certification for Tizanidine 4mg #60 (retrospective date of service: 9-30-15); Prilosec 20mg #30 with 1 refill and Senokot-S #90 with 1 refill. A request for authorization has been received for Tizanidine 4mg #60 (retrospective date of service: 9-30-15); Prilosec 20mg #30 with 1 refill and Senokot-S #90 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #60 (retrospective dos: 09/30/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Zanaflex(Tizanidine) is an antispasmodic muscle relaxant. It is FDA approved for muscle spasms. As per MTUS guidelines, muscle relaxants should be used for short term use and for flare ups only. There is no documentation of muscle spasms but there is some claims of improvement in pain and ADLs. However, patient has been on this medication chronically and the number of tablets requested is not appropriate for short term use. Tizanidine is not medically necessary.

Prilosec 20mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Omeprazole/Prilosec is a proton-pump inhibitor(PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. As per MTUS guidelines, PPIs may be recommended in patients with dyspepsia or high risk for GI bleeding on NSAID. There is no rationale provided in last 6months of progress notes as to why patient is on prilosec. Patient is not noted to be on NSAIDs and there is no complaint of heard burn or reflux. There is some documentation of swallowing problems but this is not cured by a PPI. There is no indication for a PPI therefore prilosec is not medically necessary.

Senokot-S #90 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: As per MTUS chronic pain guidelines, patient's on opioid therapy should receive prophylaxis for constipation. Patient is noted to be on Norco. There appears to be issue between UR and provider concerning appropriateness of continuing norco. Patient has some unspecified complaints of constipation noted. However, since patient is still on opioid, continued medication for constipation is justified. Medically necessary.