

Case Number:	CM15-0218795		
Date Assigned:	11/10/2015	Date of Injury:	06/06/2003
Decision Date:	12/23/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/06/2015

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: Pennsylvania, Ohio, California
 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 72-year-old female who sustained an industrial injury on 6-6-2003 and has been treated for L4-5 herniation with foraminal stenosis, probable left L4 radicular pain, facet arthropathies, and rule out lumbar facet joint syndrome on the left. On 10-16-2015 the injured worker reported that three weeks prior to this visit she was awakened with "severe" pain in her right leg feeling like it would "give out" and causing difficulty with standing. At the visit, she was unable to straighten the knee. Objective findings include noting use of a cane, bilateral lower extremity swelling, and the right knee range of motion was -5 to 90 degrees. Documented treatment includes Relafen, Zanaflex and Prilosec. The progress report of 7-20-2015 states that Relafen brings pain from 9 out of 10 down to 3, Zanaflex helps with muscle spasm and myofascial pain, and Prilosec is used to "improve her stomach upset from Relafen." Provided documentation shows she has been being treated with Prilosec or Omeprazole for greater than five years, as well as muscle relaxant medication. The treating physician's plan of care includes a request for Prilosec 20 mg #150 which was modified to #90, and a retroactive request for Zanaflex 4 mg #180 which was dispensed 10-16-2015 but has been denied. Determination date was 10-30-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg a day as needed prescribed Qty: 150.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

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

Decision rationale: MTUS recommends use of a proton pump inhibitor or H2 blocker for gastrointestinal prophylaxis if a patient has risk factors for gastrointestinal events. The records in this case do document gastrointestinal symptoms for which Prilosec would be indicated. However, the request for a 5 month supply or 150 tablets is excessive and not explained in the records. Therefore this request is not medically necessary.

RETRO: Zanaflex 4mg twice a day as needed (DOS 10/16/15) Qty: 180.00: Upheld

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): Muscle relaxants (for pain).

Decision rationale: MTUS generally discourages the use of muscle relaxants for chronic conditions. For this reason an initial physician review recommended non-certification of this medication. However with regard to Tizanidine, MTUS discusses and endorses multiple studies regarding its efficacy for low back pain and myofascial pain and recommends its use as a first line treatment in such chronic situations. Therefore the records and guidelines do support an indication for Zanaflex. However, ongoing follow-up is indicated; the records do not provide a rationale for a 3-month supply as is currently requested. Therefore this request is not medically necessary.