MAXIMUS Federal Services

Case Number:	CM15-0218819		
Date Assigned:	11/10/2015	Date of Injury:	08/14/2012
Decision Date:	12/22/2015	UR Denial Date:	10/14/2015
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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 male who sustained an industrial injury on 8-14-12. A review of the medical records indicates that the worker is undergoing treatment for neck pain, MRI of the cervical spine (7-10-13) showed "central broad-based disk herniation at C4-C5, broad-based disk with osteophyte noted at C5-C6 more to the left side that is causing narrowing of the canal, central disk herniation at C6-C7", thoracic spine pain, MRI of the thoracic spine (11-14-12): "mild degenerative disc changes", "appears to be in the lower thoracic level", "disk osteophyte degeneration posteriorly", left upper extremity pain, left shoulder pain, MRI (10-10-12) shows "tendinosis with some fluid in the bursa", and myofascial pain in the thoracic and cervical spine. Subjective complaints (9-17-15) include ongoing neck and left shoulder pain with radicular symptoms into the left upper extremity. Pain is rated at 9 out of 10 without medications and 3 out of 10 with medications. The worker reports he walks for exercise but that ability is limited and that his plantar fasciitis to both feet has been aggravated with the back pain, limiting ability to exercise. Objective findings (9-17-15) include ongoing tenderness to cervical paraspinal muscles extending to the left occipital notch and left trapezius. Work status was noted as no working over 8 hours, no frequent bending, stooping, or lifting over 20 pounds. Current medications are Motrin, Prilosec, Zanaflex, and Neurontin. Previous treatment includes Motrin, Prilosec, Zanaflex, and Neurontin since at least 4-22-15. The treatment plan includes Motrin 800mg #90, Prilosec 20mg #60, Zanaflex #90, Neurontin 300mg #90, pending authorization for psychotherapy consultation and treatment, chiropractic 6 sessions, and electromyography-nerve

conduction velocity study left upper extremity. The requested treatment of Motrin 800mg #90, Prilosec 20mg #60, and Zanaflex 4mg #90 was non-certified on 10-14-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg, #90: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

Decision rationale: The claimant sustained a work injury in August 2012 and continues to be treated for neck and left shoulder pain with left upper extremity radicular symptoms. When seen in September 2015 medications were decreasing pain from 9/10 to 3/10. He was walking for exercise and stated he had plantar fasciitis which had been aggravated and was limiting his ability to exercise. Physical examination findings included cervical paraspinal muscle tenderness extending to the left occipital notch and left trapezius. Imaging results of the cervical and thoracic spine and left shoulder were reviewed. He had multilevel spondylosis and findings of left shoulder tendinosis. Diagnoses included myofascial pain. Medications were Motrin, Prilosec, Zanaflex, and Neurontin and were continued. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Recommended dosing of ibuprofen ranges from 1200 mg per day and should not exceed 3200 mg/day. In this case, the claimant has chronic persistent pain with plantar fasciitis and a history of left shoulder tendonitis. The requested dosing is within guideline recommendations and medications are providing benefit. Continued prescribing is medically necessary.

Prilosec 20mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The claimant sustained a work injury in August 2012 and continues to be treated for neck and left shoulder pain with left upper extremity radicular symptoms. When seen in September 2015 medications were decreasing pain from 9/10 to 3/10. He was walking for exercise and stated he had plantar fasciitis which had been aggravated and was limiting his ability to exercise. Physical examination findings included cervical paraspinal muscle tenderness extending to the left occipital notch and left trapezius. Imaging results of the cervical and thoracic spine and left shoulder were reviewed. He had multilevel spondylosis and findings of left shoulder tendinosis. Diagnoses included myofascial pain. Medications were Motrin,

Prilosec, Zanaflex, and Neurontin and were continued. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant does not have any identified risk factors for a gastrointestinal event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. The prescribing of a proton pump inhibitor such as Prilosec (omeprazole) is not medically necessary.

Zanaflex 4mg, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The claimant sustained a work injury in August 2012 and continues to be treated for neck and left shoulder pain with left upper extremity radicular symptoms. When seen in September 2015 medications were decreasing pain from 9/10 to 3/10. He was walking for exercise and stated he had plantar fasciitis which had been aggravated and was limiting his ability to exercise. Physical examination findings included cervical paraspinal muscle tenderness extending to the left occipital notch and left trapezius. Imaging results of the cervical and thoracic spine and left shoulder were reviewed. He had multilevel spondylosis and findings of left shoulder tendinosis. Diagnoses included myofascial pain. Medications were Motrin, Prilosec, Zanaflex, and Neurontin and were continued. Zanaflex (tizanidine) is a centrally acting alpha 2- adrenergic agonist that is FDA approved for the management of spasticity and prescribed off- label when used for low back pain. In this case, there is no identified new injury or acute exacerbation and it is being prescribed on a long-term basis. The claimant does not have spasticity due to an upper motor neuron condition. It is not medically necessary.