MAXIMUS Federal Services

Case Number:	CM15-0036009		
Date Assigned:	03/04/2015	Date of Injury:	09/18/2006
Decision Date:	04/15/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/25/2015

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, Hawaii
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 68 year old male, who sustained an industrial injury on 9/18/2006. The mechanism of injury was not provided for review. Diagnoses include right shoulder impingement, bilateral knee osteoarthritis, status post right total knee arthroplasty and lumbar sprain/strain. Treatments to date include surgery, physical therapy and medication management. A progress note from the treating provider dated 1/28/2015 indicates the injured worker reported right knee pain. On 2/17/2015, Utilization Review non-certified the request for Zanaflex 2 mg #60 and Omeprazole 20 mg #30, citing, MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 2mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex).

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

Decision rationale: The patient has mild ongoing right knee pain. The current request is for Zanaflex 2mg #60. CA MTUS recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Zanaflex is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity and has an unlabeled use for low back pain. In this case, the utilization review records indicate that the patient has been using Zanaflex since at least 2/1/12 which greatly exceeds the short-term guidelines for muscle relaxants. As such, recommendation is for denial.

Omeprazole 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation American Gastroenterological Association Medical Position Statement on the management of gastroesophageal reflux disease. Gastroenterology. 2008 Oct;135(4):1383-1391, 1391.e1-5.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and CV Risk Page(s): 68-69.

Decision rationale: The patient has mild ongoing right knee pain. The current request is for Omeprazole 20mg #30. Omeprazole belongs to a group of drugs called proton pump inhibitors. It decreases the amount of acid produced in the stomach. It is used to treat GERD. The MTUS Guidelines state Omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. 1. Age is more than 65 years. 2. History of peptic ulcers, GI bleeding, or perforations. 3. Concurrent use of ASA, corticosteroids, and/or anticoagulant. 4. High-dose multiple NSAIDs. In this case, there are no records made available for review which would indicate that the patient is taking NSAIDs; has a history of ulcers, GI bleeding, or perforations; concurrent use of ASA, corticosteroids, and/oranticoagulants; or high-dose multiple NSAIDs. As such, recommendation is for denial.