

Case Number:	CM15-0042762		
Date Assigned:	03/12/2015	Date of Injury:	11/25/2008
Decision Date:	04/16/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/06/2015

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: 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 46 year old female, who sustained an industrial injury on 11/25/2008. Mechanism of injury is described as occurring while lifting bucket. The details of the initial injury and prior treatments were not complete in the medical records submitted for this review. Documentation submitted is poor. The diagnoses have included right shoulder internal derangement, status post right shoulder arthroscopy 2011 following failed manipulation under anesthesia, chronic cervical discogenic disease, chronic pain syndrome, chronic lumbar discogenic disease, right thoracic outlet syndrome, and bilateral knee petellofemoral arthralgia/chondromalacia. Currently, the IW complains of global pain. The physical examination from 2/2/15 documented limited and painful right shoulder Range of Motion (ROM), right scapular and trapezius tenderness, and left knee tenderness with limited knee flexion bilaterally. The plan of care included medication therapy as previously prescribed, multidisciplinary pain management and psychological consult. Medications requested are renew tizanidine 4 mg q.h.s. p.r.n. for pain and spasm, renew gabapentin 400 mg q.i.d. p.r.n. for pain syndrome, renew Nortriptyline 10 mg q.h.s. p.r.n. for headache prophylaxis and sleep and renew Prilosec 20 mg q. day p.r.n. gastritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/antispasmodics Page(s): 60.

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. However, patient has been on this medication chronically and there is no documentation of any objective benefit from this medication. Tizanidine is not medically necessary.

Gabapentin 400mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18-19.

Decision rationale: Gabapentin (Neurontin) is an anti-epileptic drug with efficacy in neuropathic pain. It is most effective in polyneuropathic pain and less effective in radicular or other neuropathic pain. Pt has been on this medication chronically and there is no documentation of actual benefit. There is no documentation of any objective improvement with chronic use and the prn dosing is not appropriate for this medication. Gabapentin is not medically necessary.

Nortriptyline 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14.

Decision rationale: Pamelor is Nortriptyline, is an Amitriptyline antidepressant. Amitriptylines are recommended as first line treatment for chronic neuropathic pains unless there are side effects or is not effective. These classes of medications have very low threshold for toxicity and close monitoring must be considered. Patient has been on this medication chronically with no documentation of any objective benefit. This prescription is not on an appropriate schedule and prn dosing is a completely inappropriate schedule for this medication. The reasoning for nortriptyline for sleep and headache is not an appropriate indication for the use of this medication. Nortriptyline is not medically necessary.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: Omeprazole/prilosec is a proton-pump inhibitor used for dyspepsia from NSAID use or gastritis/peptic ulcer disease. As per MTUS guidelines, PPIs may be used in patients with high risk for gastric bleeds or problems or signs of dyspepsia. Patient does not meet any high risk criteria to warrant PPIs and there is no documentation provided to support NSAID related dyspepsia. It is not recommended.