

Case Number:	CM15-0044153		
Date Assigned:	03/16/2015	Date of Injury:	05/05/2004
Decision Date:	04/20/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/09/2015

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 (IW) is a 56-year-old female who sustained an industrial injury on 05/05/2004. Diagnoses include displacement of lumbar intervertebral disc without myelopathy. Treatment to date has included medications, lumbar fusion and trigger point and sacroiliac joint (SIJ) injections. Diagnostics performed to date included x-rays and MRIs. According to the progress notes dated 1/25/15, the IW reported low back pain with bilateral leg pain. Additional complaints were illegible. Documentation from a secondary provider dated 11/11/14 stated the IW had benefitted from trigger point injections and SIJ injections. The requested service was part of the provider's treatment plan for pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine Hydrochloride 4mg quantity 30 with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-68.

Decision rationale: The claimant has a remote history of a work injury occurring more than 10 years ago. She continues to be treated for low back and bilateral leg pain. The claimant sustained a work injury more than 10 years ago. She continues to be treated for low back and bilateral leg pain. When seen by the requesting provider she was having low back, thoracic spine, thumb, and left shoulder pain and had bilateral hip pain. She had recently undergone a left total hip replacement. Prior treatments had also included a lumbar spine fusion and left thumb surgery. 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. Short-term use is recommended. In this case, Tizanidine is being prescribed on a long-term basis. It is therefore not medically necessary.

Prilosec 20mg quantity 30 with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors; Non Steroidal Anti-Inflammatory Drugs Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

Decision rationale: The claimant has a remote history of a work injury occurring more than 10 years ago. She continues to be treated for low back and bilateral leg pain. The claimant sustained a work injury more than 10 years ago. She continues to be treated for low back and bilateral leg pain. When seen by the requesting provider she was having low back, thoracic spine, thumb, and left shoulder pain and had bilateral hip pain. She had recently undergone a left total hip replacement. Prior treatments had also included a lumbar spine fusion and left thumb surgery. Medications include Naprosyn, Norco, Lyrica, Tizanidine, and another muscle relaxant, Flexeril. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. The claimant does not have identified risk factors for a GI event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. She is taking Naprosyn at the recommended dose. There is no documentation of ongoing dyspepsia secondary to NSAID therapy. In this scenario, guidelines do not recommend that a proton pump inhibitor such as Prilosec be prescribed.