

Case Number:	CM15-0050167		
Date Assigned:	03/23/2015	Date of Injury:	01/15/2008
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/17/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 60 year old man sustained an industrial injury on 1/15/2008. The mechanism of injury is not detailed. Evaluations include a shoulder MRI. Diagnoses include chronic myofascial pain, left upper extremity pain, bilateral shoulder pain, bilateral carpal tunnel syndrome, bilateral knee pain, depression, and insomnia. Treatment has included oral medications. Physician notes dated 2/17/2015 show continued shoulder and neck pain. Recommendations include continuing Tizanidine, Duloxetine, Naprosyn, Omeprazole, Opana ER, Trazadone, Lyrica, psychiatrist consultation and treatment, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI symptoms & cardiovascular risk.

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

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, omeprazole was prescribed to him for the purpose of protecting his stomach, however, there was no evidence that this was warranted. There was no reported history to suggest he was at an elevated risk for gastrointestinal events to need protecting. He was not taking an NSAID, and there was no history of an ulcer. Therefore, chronic and preventative omeprazole use moving forward would be inappropriate as it does have significant long-term side effects. Therefore, the omeprazole will be considered not medically necessary to continue.

Tizanidine 2mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was evidence of periodic muscle spasm on a chronic basis with long-term use of various muscle relaxants over time. A request was made for ongoing use of tizanidine, however, this medication is not intended to be used chronically as such. Therefore, the tizanidine will be considered not medically necessary to continue.