

Case Number:	CM15-0080703		
Date Assigned:	05/04/2015	Date of Injury:	05/27/2009
Decision Date:	06/02/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/27/2015

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 61 year old male, who sustained an industrial injury on 05/27/2009. He has reported subsequent back and shoulder pain and was diagnosed with lumbago, thoracic or lumbosacral neuritis or radiculitis, thoracic sprain and other specified disorders of bursae and tendons in the shoulder region. Treatment to date has included oral and topical pain medication. In a progress note dated 03/11/2015, the injured worker complained of back pain that was rated as 4/10 with medication and 7/10 without medication. Objective findings were notable for tenderness to palpation of C4-C6, T9-T11 and L1-S1 and bilateral paraspinal muscles, significant bilateral trapezius spasm and a stiff, antalgic gait. A request for authorization of Tizanidine and Dexamethasone was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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. Patient has been on this medication chronically. Chronic use of tizanidine is not recommended. Tizanidine is not medically necessary.

Dexilant 30mg #30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter; <http://www.nlm.nih.gov/medlineplus/druginfo/med/a609017.html>.

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

Decision rationale: Dexilant is a proton-pump inhibitor (PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. As per MTUS guidelines, PPIs may be recommended in patients with dyspepsia or high risk for GI bleeding on NSAID. Patient is currently on ibuprofen with complaints of dyspepsia. While Dexilant is recommended, the prescription is not appropriate. This prescription would give the patient 6 months of medication without appropriate monitoring or change of plan. MTUS guidelines also do not recommend prolonged NSAID use therefore 6 months worth of PPI therapy is not likely to be needed. Dexilant with 5 refills is not medically necessary.