

Case Number:	CM15-0085645		
Date Assigned:	05/08/2015	Date of Injury:	10/28/1998
Decision Date:	06/16/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/05/2015

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: Florida, New York, Pennsylvania
 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:

The injured worker is a 43 year old female, who sustained an industrial injury on 10/28/1998. She has reported subsequent low back, lower extremity and left knee pain and was diagnosed with chronic myoligamentous strain of the lumbar spine, degenerative disc disease, herniated nucleus pulposus at L4-L5 and internal derangement of the left knee. Treatment to date has included oral and injectable pain medication, facet joint injections and physical therapy. In a progress note dated 04/01/2015, the injured worker complained of low back and left knee pain. Objective findings were notable for tenderness to palpation in the lumbar midline and left paraspinal area, positive facet loading test on the left side, positive straight leg raise test on the left side and decreased sensation to light touch and pinprick in the L5 distribution in the left lower extremity. A request for authorization of Zantac, Donnatal and Zanaflex was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zantac 300 MG By Mouth BID: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 Page(s): 68. Decision based on Non-MTUS Citation www.uptodate.com NSAIDs (including aspirin): Pathogenesis of gastroduodenal toxicity, 11Dec14, Author: Mark Feldman.

Decision rationale: The member is reported to have had a history of gastritis and esophageal spasm that preceded the industrial injury in 1998. Additionally the member is reported to have experienced multiple medication allergies to include Prevacid and Protonix (Hives). Zantac was then selected and used. However the GI complaints continued and resulted in a GI evaluation reported 1/20/12 for concerns that NSAID's had caused gastritis and erosions. The following results were obtained at endoscopy: Normal esophagus, normal stomach, dilated schatzki ring and no evidence for NSAID gastropathy or gastritis. The UR Non-Cert indicated that there was no rationale for medical necessity and no supportive documentation. Additionally despite the recommendations suggesting risk factors supporting the use of PPI's the available information shows no indication of NSAID induced gastritis or esophagitis. Therefore, the request is not medically necessary and the UR Non-Cert is supported.

Donnatal 1 Tab By Mouth Daily: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.epocrates.com Donnatal Adverse Reactions.

Decision rationale: The MTUS does not explicitly cover the topic of gastrointestinal antispasmodics. A comprehensive evaluation of the provided documentation did not show any convincing evidence of spasm or adequate or sustained response with the use of Donnatal for the described abdominal symptoms. Evaluation for esophageal spasm was negative but despite this result, the Donnatal was continued to be utilized for this erroneous diagnosis. Additionally Donnatal has a litany of potential associated complications to include nausea, vomiting, anaphylaxis and heat stroke. The request is not medically necessary and the UR Non-Cert based on the evaluator's determination of an absence of rationale to support medical necessity is supported.

Zanaflex 2 MG By Mouth Every Hour: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 Page(s): 62, 66.

Decision rationale: The general class of agents used as muscle relaxants are generally recommended for short-term use only and with caution due to side effects as second line agents for patients with exacerbations of back pain. There is no evidence that they will show a benefit beyond that of NSAID's or that there is any additional benefit in combination with NSAID's.

Efficacy appears to diminish with time and maximal benefit appears to decline after approximately 4 days. Zanaflex has been associated with somnolence, dizziness, weakness and hepatotoxicity. The physical examination reported does not articulate evidence for muscle spasm or breakthrough muscle spasm. There is no supporting rationale for the continued use of this product. Therefore, the request is not medically necessary and the UR Non-Cert is supported.