

Case Number:	CM15-0098981		
Date Assigned:	06/01/2015	Date of Injury:	12/06/2011
Decision Date:	07/01/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/22/2015

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:

This 24-year-old female sustained an industrial injury to the right shoulder, back and neck on 12/6/11. No recent magnetic resonance imaging was available for review. Documentation did not disclose previous treatment. In the only documentation submitted for review, a PR-2 dated 1/8/15, the injured worker complained of dull sharp pain in the neck with radiation to the right arm associated with numbness and tingling in the right hand, a dull sharp pain in the entire back with radiation to the right leg associated with numbness and tingling and occasional right shoulder pain. The injured worker was not working. Physical exam was remarkable for tenderness to palpation and decreased range of motion. Current diagnoses included cervical spine sprain/strain, lumbar spine sprain/strain and compression contusion injury of the right shoulder. No medication list was provided and no prior treatments were provided for review. The treatment plan included continuing physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Omeprazole DR 20mg, #60, dispensed 03/24/2015: 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 and cardiovascular risk Page(s): 68-69.

Decision rationale: Omeprazole/Prilosec 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 may currently on naproxen but in prior utilization review, it is found not medically recommended. There is no dyspepsia complaints. Patient is not high risk for GI bleeding. Since NSAIDs are not recommended in this patient and patient does not meet any indication for treatment, Prilosec/Omeprazole is not medically necessary.

Tizanidine 4mg #60 (dispensed 03/24/2015): 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 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. Patient has been noted to be on this medications chronically. Chronic use of this medication with no documentation of efficacy is not recommended. Tizanidine is not medically necessary.