

Case Number:	CM13-0033386		
Date Assigned:	12/06/2013	Date of Injury:	01/31/2003
Decision Date:	01/15/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, and is licensed to practice in New York. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 46 yo female who sustained a work related injury on 01/31/2003. The mechanism of injury was not provided. She has diagnoses of chronic neck and right shoulder pain. She has undergone surgery on the right shoulder x 2 and manipulations under anesthesia. Per the medical record she has headaches with neck and shoulder pain with radiation to the upper extremity. On exam, there is decreased range of motion of the neck and cervical spasm. She is treated with medical therapy, ice, chiropractic therapy, and use of a TENS unit. Her treating provider has requested Prilosec 20mg #30 + 1 refill and Tizanidine 4mg # 60 + 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg, #30+ 1 refill for next office visit. QTY: 60.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: Per California MTUS guidelines, proton pump inhibitors are recommended for patients taking nonsteroidal anti-inflammatory drugs (NSAIDs) with documented gastrointestinal (GI) distress symptoms or specific GI risk factors. The GI risk factors include:

age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants or high dose/multiple NSAID. The claimant has no documented GI distress with the use of the prescribed non-steroidal anti-inflammatory medication, Naproxen. Medical necessity for the requested treatment for Prilosec has not been established. The request for Prilosec 20mg, #30+ 1 refill for next office visit. QTY: 60.00 is not medically necessary and appropriate.

Tizanidine 4mg, #60 + 1 refill for next office visit. QTY: 120.00: Upheld

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

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

Decision rationale: Tizanidine (Zanaflex) is a centrally acting alpha-2-adrenergic agent FDA approved for the treatment of spasticity; unlabeled use for low back pain. It is indicated for the treatment of chronic myofascial pain and as adjunct treatment for the treatment of fibromyalgia. Per California MTUS Guidelines, muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory medications alone. The claimant has cervical spasm on exam but there is no specific documentation indicating improvement with continued use of Tizadinine. Medical necessity for the requested treatment has not been established. The requested treatment for Tizanidine 4mg, #60 + 1 refill for next office visit. QTY: 120.00 is not medically necessary and appropriate.