

Case Number:	CM14-0132716		
Date Assigned:	08/22/2014	Date of Injury:	05/23/2010
Decision Date:	09/24/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/19/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/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 injured worker is a 58-year-old female with a reported date of injury on 05/23/2010. The mechanism of injury was noted to be from a lifting injury. Her diagnoses were noted to include left wrist fracture, right shoulder rotator cuff tendinitis/bursitis with mild impingement and lumbar spine strain with radicular complaints. Her previous treatments were noted to include acupuncture and medication. The progress noted dated 04/01/2014, revealed complaints of stiffness and increased pain. The injured worker reported the acupuncture helped with the neck and low back pain and that she needed the acupuncture treatment. The physical examination of the cervical spine revealed tenderness about the cervical and left trapezial muscles. There was slightly restricted range of motion due to complaints of discomfort and pain. There were muscle spasms noted. The cervical distraction test was positive. The examination of the right shoulder revealed tenderness about the trapezius muscles and there was slightly restricted range of motion due to complaints of discomfort. The examination of the lumbar spine revealed tenderness to palpation about the bilateral paralumbar musculature. There was positive straight leg raise tests bilaterally. The provider indicated the injured worker was given a prescription for tizanidine 4 mg #30, naproxen 550 mg #60 for pain and inflammation and omeprazole 20 mg #30. The progress note dated 07/08/2014, revealed complaints of neck pain and headaches. The injured worker reported she noticed some improvement with her neck pain and headaches due to acupuncture sessions, which decreased her stress, all leading to the improvement of her symptoms. The injured worker reported she had occasional mild pain in her low back with radiation bilaterally to her lower extremities. The physical examination of the cervical spine revealed tenderness about the paracervical and left trapezial muscles. There was slightly restricted range of motion due to complaints of discomfort and pain with muscle spasms. The cervical distraction test was positive. The examination of the right shoulder revealed tenderness

about the trapezius muscles with slightly restricted range of motion due to complaints of discomfort. The physical examination of the lumbar spine revealed tenderness to palpation about the bilateral paralumbar musculature with a positive straight leg raise bilaterally. The request for authorization form was not submitted within the medical records. The request was for Naproxen Sodium 550mg#60 and Tizanidine 4mg #30 for pain and inflammation and Omeprazole 20mg #30, however the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole Capsule 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for omeprazole capsule 20 mg #30 is not medically necessary. The injured worker has been utilizing this medication since at least 04/2014. The California Chronic Pain Medical Treatment Guidelines state clinicians should determine if the patient is at risk for gastrointestinal events which include age greater than 65 years, a history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin, corticosteroid and/or an anticoagulant or using a high dose/multiple NSAIDs. There is a lack of documentation regarding the injured worker having medication induced dyspepsia to warrant omeprazole. The previous request for naproxen was non-certified and therefore omeprazole is not medically necessary. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Tizanidine Tablet 4mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for tizanidine tablet 4 mg #30 is not medically necessary. The injured worker has been utilizing this medication since at least 04/2014. The California Chronic Pain Medical Treatment Guidelines recommend muscle relaxants as a second line option for short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. There is a lack of documentation regarding efficacy of this medication. The guidelines recommend utilization for less than 3 weeks and the injured worker has been on this medication for over 2 months. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Naproxen Sodium Tablet 550mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: The request for naproxen sodium tablet 550 mg #60 is not medically necessary. The injured worker has been utilizing this medication since at least 04/2014. The California Chronic Pain Medical Treatment Guidelines indicate that NSAIDs are recommended for short term symptomatic relief of low back pain. It is generally recommended the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. The injured worker indicated her objective functional improvement and decrease in pain were due to acupuncture. There was a lack of documentation regarding efficacy of this medication and improved functional status with the use of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.