

Case Number:	CM14-0183426		
Date Assigned:	11/10/2014	Date of Injury:	11/16/2010
Decision Date:	12/15/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/04/2014

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 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:

According to the records made available for review, this is a 58-year-old female with a 10/31/14 date of injury. At the time (5/12/14) of the Decision for Retrospective Omeprazole 20mg #30-60, Retrospective Tizanidine 4mg #90, Retrospective Ondansetron ODT 8mg #10, and Retrospective Gabapentin 600mg #90, there is documentation of subjective (neck radiating to bilateral upper extremity with numbness and weakness) and objective (tenderness over cervical spine and positive impingement sign over right shoulder) findings, current diagnoses (unspecified derangement of shoulder joint and brachial neuritis or radiculitis), and treatment to date (medications (including ongoing treatment with Voltaren gel, Wellbutrin, Naproxen, Omeprazole, Tizanidine since at least 2013, Naproxen, and Zofran)). Regarding Retrospective Omeprazole 20mg #30-60, there is no documentation of risk for gastrointestinal event (high dose/multiple NSAID). Regarding Retrospective Tizanidine 4mg #90, there is no documentation of acute exacerbation of chronic low back pain; an intention for short-term (less than two weeks) treatment; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Tizanidine use to date. Regarding Retrospective Ondansetron ODT 8mg #10, there is no documentation of nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, or acute use for gastroenteritis. Regarding Retrospective Gabapentin 600mg #90, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Gabapentin use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Omeprazole 20mg #30-60: 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, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events, and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of unspecified derangement of shoulder joint, spasm of muscle, and brachial neuritis or radiculitis. In addition, there is documentation of ongoing treatment with Omeprazole. However, despite documentation of ongoing treatment with Naproxen, there is no documentation of risk for gastrointestinal event (high dose/multiple NSAID). Therefore, based on guidelines and a review of the evidence, the request for Retrospective Omeprazole 20mg #30-60 is not medically necessary.

Retrospective Tizanidine 4mg #90: 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 Antispasticity/Antispasmodic Drugs (Tizanidine (Zanaflex)) Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of spasticity, as criteria necessary to support the medical necessity of Tizanidine. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available

for review, there is documentation of diagnoses of unspecified derangement of shoulder joint, spasm of muscle, and brachial neuritis or radiculitis. In addition, there is documentation of ongoing treatment with Tizanidine; and Tizanidine used as a second line option. However, despite documentation of muscle spasm, and a given documentation of a 10/31/14 date of injury, there is no (clear) documentation of acute muscle spasm or an acute exacerbation of chronic low back pain. In addition, given documentation of records reflecting prescriptions for Tizanidine since at least 2013, there is no documentation of an intention for short-term (less than two weeks) treatment. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Tizanidine use to date. Therefore, based on guidelines and a review of the evidence, the request for Retrospective Tizanidine 4mg #90 is not medically necessary.

Retrospective Ondansetron ODT 8mg #10: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Antiemetics (for opioid nausea) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS does not address the issue. ODG identifies documentation of nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, or acute use for gastroenteritis, as criteria necessary to support the medical necessity of Ondansetron (Zofran). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of unspecified derangement of shoulder joint, spasm of muscle, and brachial neuritis or radiculitis. In addition, there is documentation of ongoing treatment with Ondansetron. However, there is no documentation of nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, or acute use for gastroenteritis. Therefore, based on guidelines and a review of the evidence, the request for Retrospective Ondansetron ODT 8mg #10 is not medically necessary.

Retrospective Gabapentin 600mg #90: 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 Gabapentin (Neurontin) Page(s): 18-19. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, as criteria necessary to support the medical necessity of Gabapentin. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of unspecified derangement of shoulder joint, spasm of muscle, and brachial neuritis or radiculitis. In addition, there is documentation of ongoing treatment with Gabapentin; and neuropathic pain. However, given documentation of ongoing treatment with Gabapentin, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Gabapentin use to date. Therefore, based on guidelines and a review of the evidence, the request for Retrospective Gabapentin 600mg #90 is not medically necessary.