

Case Number:	CM14-0091610		
Date Assigned:	07/25/2014	Date of Injury:	09/08/2011
Decision Date:	10/14/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/17/2014

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 Orthopedic Surgery 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 records presented for review indicate that this 29-year-old gentleman was reportedly injured on September 8, 2011. The most recent progress note, dated April 29, 2014, indicates that there were ongoing complaints of low back pain radiating down the lower extremities. The physical examination demonstrated an antalgic gait and a positive stoop test. There was decreased lumbar spine range of motion. Diagnostic imaging studies of the lumbar spine revealed a retrolisthesis of L4 on L5 and a disc protrusion at L5 - S1. Nerve conduction studies indicated and L5 - S1 radiculopathy. Previous treatment includes lumbar spine surgery to include a bilateral laminectomy at L4 - L5 and L5 - S1. A request had been made for Naproxen 550 mg, Tizanidine 4 mg, and, Omeprazole 20 mg and was not certified in the pre-authorization process on May 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg 1 twice a day, # 60, refill x 1.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs Page(s): 67-68, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67 of 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines anti-inflammatory medications such as Naprosyn are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. The attached medical record indicates that the injured employee has been taking this medication for an extended period of time in this request is for another 60 tablets with a refill. Considering this, this request for Naprosyn is not medically necessary.

Tizanidine 4mg, 1 twice a day, # 60, 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 62-63-, 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66 OF 127.

Decision rationale: Tizanidine is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, April 29, 2014, the injured employee does not have any complaints of acute exacerbations nor are there any spasms present on physical examination. For these reasons this request for Tizanidine is not medically necessary.

Omeprazole 20mg, 1 daily, # 30, with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs and Proton Pump Inhibitors P.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69 of 127..

Decision rationale: Omeprazole is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There is no indication in the record provided of a G.I. disorder. Additionally, the injured employee does not have a significant risk factor for potential G.I. complications as outlined by the MTUS. Therefore, this request for Omeprazole is not medically necessary.