

Case Number:	CM14-0165271		
Date Assigned:	10/10/2014	Date of Injury:	07/21/2005
Decision Date:	02/06/2015	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/07/2014

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 injured worker is a 67 year-old male, who was injured on July 21, 2005, while performing regular work duties. The mechanism of injury is from moving a heavy wooden pallet, resulting in injury of the lumbar spine. The primary treating physician's progress report on June 2, 2014, indicates the injured worker was changed from Celebrex to Mobic on May, 13, 2014, by [REDACTED], Zantac was added to the medication regimen in order to "protect the stomach", and Tizanidine (Zanaflex) was added at that time "to help with effects of weaning from Norco". The Utilization Review indicates certification was given on June 16, 2014, for Zanaflex, Mobic, and Zantac. The records do not indicate any issues with the gastrointestinal system. The request for authorization is for Mobic 7.5mg, quantity #30 with five (5) refills; Zanaflex 4mg, quantity #30 with five (5) refills; and Zantac 150mg, quantity #30 with five (5) refills. The primary diagnoses are displacement of lumbar intervertebral disc without myelopathy, degeneration of lumbar or lumbosacral intervertebral disc, spinal stenosis of lumbar region, scoliosis (and kyphoscoliosis) idiopathic, sprain lumbar region, knee joint replacement, and other post-surgical status. On September 19, 2014, Utilization Review non-certified the Zantac 150mg, quantity #30 with five (5) refills, based on MTUS guidelines, and provided a modified certification of Mobic 7.5mg, quantity #30 with zero (0) refills, and Zanaflex 4mg, quantity #30 with zero (0) refills, based on MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic 7.5mg #30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 61.

Decision rationale: CA MTUS/Chronic Pain Medical Treatment Guidelines, page 61 states that Mobic is a non-steroidal anti-inflammatory indicated for relief of the signs and symptoms of osteoarthritis. In this case the exam notes from 6/2/14 do not demonstrate any evidence of significant osteoarthritis or functional improvement to warrant use of Mobic. Therefore the determination is for non-certification.

Zanaflex 4mg #30 with 5 refills: Upheld

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

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

Decision rationale: Per the CA MTUS/Chronic Pain Treatment Guidelines, page 66, Zanaflex is appropriate for chronic myofascial pain syndrome and is approved for spasticity. In this case there is no objective evidence in the exam note from 6/2/14 supporting spasticity and no evidence of chronic myofascial pain syndrome or fibromyalgia. Therefore the determination is for non-certification.

Zantac 150mg #30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

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

Decision rationale: CA MTUS/Chronic Pain Medical Treatment Guidelines, page 68 states that risk assessment should be made for gastrointestinal events prior to prescribing H2-blockers such as Zantac. In this particular case there is insufficient evidence in the records from 6/2/14 that the patient has gastrointestinal symptoms or at risk for gastrointestinal events. Therefore the request for Zantac is not medically necessary and non-certified.