

Case Number:	CM14-0211937		
Date Assigned:	01/02/2015	Date of Injury:	05/05/2012
Decision Date:	02/25/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 patient is a 55-year-old woman who sustained a work-related injury on May 5, 2012. Subsequently, the patient developed chronic neck and low back pain. According to a progress report dated November 12, 2014, the patient complained of low back pain, right lower extremity pain, and numbness. The patient complained of constant neck/shoulder pain and low back pain. The pain in the neck radiated down both arms and resulted in occasional weakness. The patient had completed 4/12 physical therapy sessions, which were certified. Physical examination revealed positive paraspinal neck and low back tenderness. There was lumbar spine pain with extension at 10 degrees, pain with flexion at 40 degrees, bilateral straight leg raise positive at 30 degrees. Patellar and ankle jerks were 1+ bilaterally. There was mild decrease to sensation C4 and C7 distribution bilaterally, left greater than right. The patient was diagnosed with cervical spondylosis, lumbosacral spondylosis, cervical disc degeneration, and lumbar disc degeneration. The provider requested authorization for Zanaflex and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 2mg #30: Upheld

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

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

Decision rationale: According to MTUS guidelines, an non-sedating muscle relaxants, is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. There is no continuous and objective documentation of the effect of the drug on patient pain, spasm and function. There is no recent documentation for recent pain exacerbation or failure of first line treatment medication. Therefore, the request for Zanaflex 2mg #30 is not medically necessary.

Omeprazole 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: According to MTUS guidelines, Omeprazole is indicated when nonsteroidal anti-inflammatory drugs (NSAIDs) are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events (GI) are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of acetylsalicylic acid (ASA), corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. Therefore, Omeprazole 20mg #30 is not medically necessary.