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| Case Number: | CM14-0217749 | | |
| Date Assigned: | 01/07/2015 | Date of Injury: | 05/18/2000 |
| Decision Date: | 03/06/2015 | UR Denial Date: | 12/12/2014 |
| Priority: | Standard | Application Received: | 12/29/2014 |

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53-year-old female with an injury date on 05/18/2000. Based on the 02/25/2024, the most recent progress report provided by the treating physician, the diagnoses are: 1. Cervicalgia 2. Muscle spasm 3. Carpal tunnel syndrome 4. Joint pain, shoulder region 5. Opioid dependence. The treatment plan is to refill all medications and the patient is to return in 3 months for follow up. The patient's exam findings and work status were not included in this report for review. According to the 02/20/2014 report, the patient complains of moderate dryness in both eyes and mild itching in both eyes. The utilization review denied the request for (1) Tizanidine HCL #60 with 3 refills, (2) Ambien #30 with 3 refills, and (3) Omeprazole #30 with 3 refills on 12/12/2014 based on the MTUS/ODG guidelines. The requesting physician provided treatment reports from 04/18/2013 to 02/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine HCL 4 mg; take 2 at bedtime PRN QS for 60 days, 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic drugs, Muscle relaxants Page(s): 63-66.

Decision rationale: According to the 02/20/2014 report, this patient presents with moderate dryness in both eyes and mild itching in both eye. The current request is for Tizanidine HCL 4mg, take 2 at bedtime PRN QS for 60 days, 3 refills. The MTUS guidelines page 66, "Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain." However, the MTUS guidelines for muscle relaxers only allow a short course of treatment (2-3 weeks) for acute muscle spasms. The documentation provided indicates that this prescription is for long-term use, which is not supported by MTUS. This medication was first noted in the 04/18/2013 report. The current request is not medically necessary.

Ambien (Zolpidem) 10 mg #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Insomnia Treatment

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, Insomnia Treatment, Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists)

Decision rationale: According to the 02/20/2014 report, this patient presents with moderate dryness in both eyes and mild itching in both eye. The current request is for Ambien (Zolpidem) 10mg take 1 nightly PRN #30, 3 refills. The MTUS and ACOEM Guidelines do not address Ambien; however, the Official Disability Guidelines states that zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. A short course of 7 to 10 days may be indicated for insomnia; however, the treating physician is requesting Ambien #30 with 3 refills. Medical records indicate the patient has been prescribed Ambien since 04/18/2013. However, there were no indications that the patient has sleeping issue. The treating physician does not mention the reason why this medication is been prescribed. Furthermore, the treater does not mention that this is for a short-term use. The Official Disability Guidelines does not recommend long-term use of this medication. Therefore, the current request is not medically necessary.

Omeprazole 20 mg ER, take 1 daily QS for 30 days, 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: According to the 02/20/2014 report, this patient presents with moderate dryness in both eyes and mild itching in both eye. The current request is for Omeprazole 20mg ER take 1 daily QS for 30 days, 3 refills and this medication was first noted in the 04/18/2013 report. The MTUS page 69 states under NSAIDs prophylaxis to discuss, GI symptoms & cardiovascular risk and recommendations are with precautions as indicated below. Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). MTUS further states Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. Review of the provided reports show that the patient is not currently on NSAID and has no gastrointestinal side effects with medication use. The patient is not over 65 years old; no other risk factors are present. The treating physician does not mention if the patient is struggling with GI complaints and why the medication was prescribed. There is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. In addition, the treater does not mention symptoms of gastritis, reflux or other condition that would require a PPI. Therefore, the request is not medically necessary.