

Case Number:	CM14-0218533		
Date Assigned:	01/08/2015	Date of Injury:	01/05/2010
Decision Date:	03/12/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/30/2014

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, Arizona

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 injured worker is a 59-year-old male who sustained an injury to his lower back on 01/05/2010. Diagnoses include lumbar disc syndrome, lumbar radiculopathy, lumbar spondylolisthesis, cervicocranial syndrome, cervical disc syndrome, right shoulder impingement and situational depression with anxiety. On December 30, 2014, the injured worker presented with complaints of low back pain described as an almost constant achy pain than could increase to a sharp cramping pain. With prolonged sitting, he had tightness into the upper back and neck and down into the right shoulder. Physical examination of the cervical spine revealed tenderness to palpation of the cervical paraspinal musculature. Range of motion was greatly improved especially with forward flexion at 40 degrees. There continued to be significant myofascial pain and taut muscle bands with mild to moderate spasms of the lower back. The forward flexion continued to cause pulling pain the low back as a limiting factor. Straight leg raise was positive bilaterally, right greater than left. A request was made for Zanaflex 4 mg #60, Ibuprofen #60 and Omeprazole 20 mg #30. There was no Request for Authorization Form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg # 80: 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 Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as a non-sedating second line options for short term treatment of acute exacerbations. Efficacy appears to diminish over time and prolonged use may lead to dependence. The injured worker has continuously utilized the above medication. There is no evidence of objective functional improvement. The injured worker continues to demonstrate tenderness to palpation, myofascial trigger points, and myofascial pain with mild to moderate spasm. Given the above, the ongoing use would not be supported. Additionally, there was no frequency listed in the request. As such, the request is not medically appropriate.

Ibuprofen # 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 Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in injured workers with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. According to the documentation provided, the injured worker has continuously utilized ibuprofen. There was no documentation of objective functional improvement. Guidelines do not recommend long term use of NSAIDs. There was also no strength or frequency listed in the request. As such, the request is not medically appropriate.

Omeprazole 20mg # 30: 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 Page(s): 68-69.

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for injured workers with intermediate or high risk for gastrointestinal events. Injured workers with no risk factors and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. There was also no frequency listed in the request. As such, the request is not medically appropriate.