

Case Number:	CM15-0012793		
Date Assigned:	01/30/2015	Date of Injury:	03/31/2000
Decision Date:	03/19/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/21/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker is a 58 year old male who sustained a work related injury on March 31, 2000, when he was carrying a 50 pound box and slipped and fell backward with the box landing on his abdomen. He complained of back, neck and shoulder pain. Diagnoses were shoulder sprain, and lumbar sacral disc degeneration. Treatment included medications, physical therapy, bracing, and lumbar epidural steroid injections. Magnetic Resonance Imaging (MRI) revealed disc protrusions. Currently, the injured worker complained of left shoulder pain radiating into his neck and right shoulder, left rib cage pain and low back pain radiating into the legs. On December 22, 2014, a request for prescriptions for Omeprazole 20 mg #100 and Zanaflex 4 mg #100 was non-certified by Utilization Review noting California Medical Treatment Utilization Schedule Guidelines and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #100: 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 Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Pain section, Proton pump inhibitors

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20 mg #100 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for certain gastrointestinal events. These risks include, but are not limited to, age greater than 65; history peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are joint pain, shoulder; adhesive capsulitis shoulder; chest pain; painful respiration; low back syndrome; and lumbosacral disc degeneration. The sole progress note in the medical record dated November 25, 2014 shows the injured worker was not taking any medications at that time. This was the initial orthopedic evaluation. In the treatment plan, the physician recommended and wrote prescriptions for omeprazole. There is no documentation in the medical record with conditions or a past medical history placing the injured worker at risk for gastrointestinal events such as peptic ulcer disease, G.I. bleeding or concurrent use of aspirin etc. Consequently, absent clinical documentation to support Omeprazole, Omeprazole 20 mg #100 is not medically necessary.

Zanaflex 4mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Pain section, Muscle relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Zanaflex 4 mg #100 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are joint pain, shoulder; adhesive capsulitis shoulder; chest pain; painful respiration; low back syndrome; and lumbosacral disc degeneration. The sole progress note in the medical record dated November 25, 2014 shows the injured worker was not taking any medications at that time. This was the initial orthopedic evaluation. In the treatment plan, the physician recommended and wrote prescriptions for Zanaflex 4 mg. Zanaflex is a muscle relaxant recommended for short-term (less than two weeks) use. The medical record did not contain a clinical rationale for its use. A quantity of #100 is in excess of the recommended guidelines for short-term (less than two weeks) use. Consequently, absent compelling documentation to support ongoing Zanaflex 4 mg, Zanaflex 4 mg #100 is not medically necessary.

