

Case Number:	CM15-0015623		
Date Assigned:	02/03/2015	Date of Injury:	06/03/2014
Decision Date:	03/26/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/27/2015

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: 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:

This 47 year old female sustained a work related injury on 06/03/2014. According to a progress report dated 12/05/2014, the injury occurred when wooden boxes fell on her head and she lost consciousness for an unknown period of time. The injured worker complained of headaches, neck pain, upper back, mid back and lower back pain, right hip pain, pre-existing left knee pain and bilateral feet pain. She also reported swelling of her hands at night. Cervical pain caused radiating numbness and tingling to the bilateral upper extremities. Neck pain was rated 8 on a scale of 0-10 and radiated to the fingers of the left hand. She also reported intermittent 10 out of 10 lower back pain. She had difficulty opening a new carton of milk, doing light housework, opening doors, sleeping and engaging in sexual activity. Her overall pain was rated 8 out of 10. Pain limited her daily activity 100 percent of the time. Treatments have included physical therapy, heat, ice, TENS unit stimulation and acupuncture. Diagnoses included cervical sprain/strain, cervical herniated nucleus pulposus with 2-3 millimeter disc osteophyte complex, and cervical radiculopathy to left upper extremity, lumbar sprain/strain, post-concussive syndrome, occipital neuralgia and cervical and lumbar myospasms with myofascial trigger points. Treatment plan included continue with physical therapy and acupuncture sessions and consider epidural steroid injection at C5-6 bilaterally if the injured worker does not respond to physical therapy and acupuncture. On 12/24/2014, Utilization Review non-certified Tizanidine 4mg #60 for the neck and Duexis 800/200mg #90 for the neck. According to the Utilization Review physician, the submitted documentation did not provide any data to indicate that utilization of prescription medications enhanced functional capabilities. Guidelines cited for

Tizanidine included CA MTUS Chronic Pain Medical Treatment Guidelines pages 63, 66 and the Official Disability Guidelines, Pain Chapter. CA MTUS does not address Duexis. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #60 for the neck: 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 Muscle relaxants Page(s): 63.

Decision rationale: According to MTUS guidelines, a non sedating muscle relaxant 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. The patient was previously treated with Tizanidine for at least more than 4 months, which is considered a prolonged use of the drug. 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 Tizanidine 4mg tablet #60 is not medically necessary.

Duexis 800/200mg #90 for the neck: 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: Duexis is a combination of Ibuprofen and Famotidine. There are no documentation that the patient have a history of GI disease and failed the prescription of Ibuprofen and Famotidine separately. There is no controlled studies supporting the superiority of Duexis to Ibuprofen and Famotidine prescribed separately. According to MTUS guidelines, Famotidine is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions. There is no documentation that the patient has a GI issue that requires the use of prilosec. There is no documentation in the patient's chart supporting that he is at intermediate or high risk for developing gastrointestinal events. Therefore, Duexis 800/200mg #90 prescription is not medically necessary.

