

Case Number:	CM15-0063007		
Date Assigned:	05/12/2015	Date of Injury:	10/24/2014
Decision Date:	06/09/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/02/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 24 year old male, who sustained an industrial injury on 10/24/2014. He reported injuries to the face, head, and neck along with loss of consciousness secondary to assault from other co-workers. The injured worker was diagnosed as having post-concussion syndrome, head contusion, status post assault, cervical strain, left shoulder strain, and lumbar strain. Treatment to date has included computed tomography of the head, x-rays of the left hand, computed tomography of the thorax, abdomen, and pelvis, x-rays of the left shoulder, and medication regimen. In a progress note dated 03/18/2015 the treating physician reports complaints of headache, dull, achy left neck pain, right cervical pain, and left posterior shoulder pain with intermittent paresthesia to the left forearm and hand. The headache and right cervical pain is rated an 8 to 9 out of ten on the visual analogue scale, and the pain to the left neck and left shoulder is rated a 4 to 6 out of ten on the visual analogue scale, but the documentation did not indicate if these levels were with or without the injured worker's medication regimen. The treating physician noted tenderness on palpation over the left cervical five to seven paraspinal muscles and tenderness to the left shoulder supraspinatus, infraspinatus, and bicep muscles. The current medication regimen included Naprosyn, Omeprazole, and Flexeril. The treating physician requested the initiation of the medication Zanaflex 4mg with the quantity of 90 and continuation of Omeprazole 20mg with a quantity of 60 noting the discontinuation of Flexeril and Naprosyn. The medical records provided lacked documentation of the injured worker's current medication regimen with regards to functional improvement and did not provide the specific reasons for the current medications requested. The treating physician also requested the

medication Dendracin 120ml with the quantity of 1, but the documentation provided did not indicate the specific reason for this requested medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The claimant sustained a work injury in October 2014 and continues to be treated for headaches, neck pain, and left shoulder and arm pain. When seen, pain was rated at 4-6/10. Medications were Naprosyn, omeprazole, and Flexeril. Physical examination findings included cervical and lumbar paraspinal tenderness. Naprosyn was discontinued and Relafen was prescribed. Flexeril was discontinued and Zanaflex was started. The requesting provider documents occasional heartburn with medications. Tizanidine (Zanaflex) is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain. In this case, there is no identified new injury or acute exacerbation and muscle relaxants have been prescribed on a long-term basis. The claimant does not have spasticity due to an upper motor neuron syndrome. It is therefore not medically necessary.

Omeprazole 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-71.

Decision rationale: The claimant sustained a work injury in October 2014 and continues to be treated for headaches, neck pain, and left shoulder and arm pain. When seen, pain was rated at 4-6/10. Medications were Naprosyn, omeprazole, and Flexeril. Physical examination findings included cervical and lumbar paraspinal tenderness. Naprosyn was discontinued and Relafen was prescribed. Flexeril was discontinued and Zanaflex was started. The requesting provider documents occasional heartburn with medications. Guidelines recommend consideration of a proton pump inhibitor such as omeprazole for the treatment of dyspepsia secondary to non-steroidal anti-inflammatory medication (NSAID) therapy. In this case, the claimant is being prescribed Relafen at the recommended dose and has a history of gastrointestinal upset. Therefore the requested omeprazole was medically necessary.

Dendracin 120ml #1: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The claimant sustained a work injury in October 2014 and continues to be treated for headaches, neck pain, and left shoulder and arm pain. When seen, pain was rated at 4-6/10. Medications were Naprosyn, omeprazole, and Flexeril. Physical examination findings included cervical and lumbar paraspinal tenderness. Naprosyn was discontinued and Relafen was prescribed. Flexeril was discontinued and Zanaflex was started. The requesting provider documents occasional heartburn with medications. Dendracin is a combination of benzocaine, methyl salicylate, and menthol. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin which is believed to work through a similar mechanism and which is recommended as an option in patients who have not responded or are intolerant to other treatments. Benzocaine is a local anesthetic. Guidelines address the use of topical lidocaine which, can be recommended for localized peripheral pain. In this case, the claimant has localized pain affecting the shoulder amenable to topical treatment and has poor tolerance of oral medications. Therefore, Dendracin was medically necessary.