

Case Number:	CM15-0075667		
Date Assigned:	04/27/2015	Date of Injury:	06/23/2011
Decision Date:	06/11/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/20/2015

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

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 57 year old female, who sustained an industrial injury on 06/23/2011. She has reported injury to the neck, bilateral shoulders, and low back. The diagnoses have included complex regional pain syndrome; chronic cervical strain with 3mm disc bulge; bilateral upper extremity radicular pain and numbness; lumbar disc bulge, 3mm; and bilateral lower extremity radicular pain. Treatment to date has included medications, diagnostics, and chiropractic therapy. Medications have included Tramadol, Flexeril, and Zantac. A progress note from the treating physician, dated 02/19/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of pain in the neck, lumbar spine, and bilateral shoulders; pain is rated at 7/10 on the visual analog scale for the neck, low back and right shoulder, and 6/10 for the left shoulder; and current chiropractic treatment and medications help to decrease her pain and increase range of motion. Objective findings included tenderness over the cervical paraspinals and hypertonicity to the trapezius muscles; tenderness over the lumbar paraspinals bilaterally; tenderness over the bilateral acromioclavicular joints; and decreased ranges of motion to the cervical spine, lumbar spine, and bilateral shoulders. The treatment plan has included the request for Zantac 75mg #60; and Flexeril 10mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zantac 75mg #60: Upheld

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

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

Decision rationale: The patient presents with pain and weakness in her neck, shoulder and lower back. The request is for ZANTAC 75MG #60. Per 02/19/15 progress report, the patient is currently taking Tramadol, Flexeril and Ranitidine. The patient is currently not working. MTUS guidelines page 69 recommends prophylactic use of PPIs when appropriate GI assessments have been provided. The patient must be determined to be at risk for GI events, such as age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The MTUS Guidelines page 69 state, Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. In this case, the patient has been utilizing Ranitidine (Zantac) since at least 12/01/14. The treater does not document this medications efficacy. The treater does not provide any GI assessment to determine whether or not the patient would require prophylactic use of PPI. There is no documentation of any GI problems such as GERD or gastritis to warrant the use of PPI. The review of the reports does not show that the patient has been on any NSAIDs and there is no request for NSAIDs. The patient does not have dyspepsia with NSAID. The request IS NOT medically necessary.

Flexeril 10mg #60: Upheld

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

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

Decision rationale: The patient presents with pain and weakness in her neck, shoulder and lower back. The request is for ZANTAC 75MG #60. Per 02/19/15 progress report, the patient is currently taking Tramadol, Flexeril and Ranitidine. She takes Flexeril for her muscle spam which helps her pain from 7/10 down to 4/10. The patient is currently not working. MTUS guidelines page 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." In this case, the patient has been utilizing Flexeril since at least 12/01/14. The treater does not indicate that this medication is to be used for a short-term and there is no documentation of any flare-up. MTUS guidelines allow no more than 2-3 weeks of muscle relaxants to address flare ups. The request IS NOT medically necessary.