

<b>Case Number:</b>	CM15-0079295		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	03/19/2013
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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, North Carolina  
Certification(s)/Specialty: Family Practice

### 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 62 year old female who sustained an industrial injury on 03/19/13. Initial complaints and diagnoses are not available. Treatments to date include medication, left wrist surgery, physical therapy, walking boot, home exercise, acupuncture, and chiropractic treatment. Diagnostic studies include x-rays. Current complaints include lower back pain, left wrist, and left great toe pain. Current diagnoses include left wrist tendonitis/de Quervain's, lumbar spine sprain/strain with right lower extremity radiculopathy, and left great toe comminuted fracture. In a progress note dated 03/09/15 the treating provider reports the plan of care as continued home exercise, and medications including omeprazole, Tizanidine, gabapentin, and naproxen. The requested treatments are Anaprox, Prilosec, Neurontin, and zanaflex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective (DOS: 3/9/2015) Anaprox DS 550mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

**Decision rationale:** CA MTUS states that NSAIDs are recommended at the lowest dose for the shortest period of time in patients with moderate to severe pain. The records submitted reveal that the patient was started on Anaprox in November 2014, and she has experienced no subjective significant benefit. In addition, there is a lack of objective improvement; therefore, the request for continued use of Anaprox is not medically necessary or appropriate.

**Retrospective (DOS: 3/9/2015) Prilosec 20mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Proton pump inhibitors.

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

**Decision rationale:** CA MTUS Guidelines state that PPIs such as Prilosec are indicated in patients on NSAIDs who are at intermediate to high risk for adverse GI events. The criteria for risk of GI events includes: age over 65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, steroids or anticoagulants; high dose/multiple NSAIDs. In this case, the patient does not have any risk factors and continuance of the NSAID is not recommended, therefore the request is deemed not medically necessary or appropriate.

**Retrospective (DOS: 3/9/2015) Neurontin 300mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin Page(s): 18-19.

**Decision rationale:** CA MTUS Guidelines identifies documentation of neuropathic pain as criteria necessary to support the medical necessity of Neurontin. Since starting the Neurontin in November 2014, the patient has received no significant benefit in regard to her improvement in pain relief or function. Therefore, based on the guidelines and a review of the evidence, the retrospective request for Gabapentin for chronic pain is not medically necessary.

**Retrospective (DOS: 3/9/2015) Zanaflex 2mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Tizanidine (Zanaflex).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 66.

**Decision rationale:** Zanaflex is a muscle relaxant indicated for spasticity. The CA MTUS states muscle relaxants should be utilized for short-course therapy. The clinical documentation submitted for review that the patient has experienced no significant improvement in her symptoms on chronic Zanaflex. Given the lack of documentation evidencing the clear efficacy of this medication for the patient's complaints and duration of use of this medication, this request is deemed not medically necessary.