

Case Number:	CM15-0091145		
Date Assigned:	05/15/2015	Date of Injury:	01/05/2010
Decision Date:	06/19/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/12/2015

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:

This 44-year-old female sustained an industrial injury to the neck and back on 1/5/10. Magnetic resonance imaging cervical spine (2/9/15) showed early disc desiccation with disc protrusions. Recent treatment included medications. In an interventional pain management follow up evaluation dated 4/2/15, the injured worker complained of pain to the low back, rated 5/10 on the visual analog scale, with radiation to bilateral lower extremities associated with numbness, tingling and weakness, neck pain rated 7-8/10 with radiation to bilateral upper extremities with numbness and tingling associated with headaches as well as bilateral shoulder pain. The injured worker reported that her bilateral shoulder pain had increased since her last visit. The injured worker also complained of ongoing, persistent and progressively worsening headaches. The injured worker stated that she had been taking her medications regularly but noted that they caused nausea. Current medications included Gabapentin, Tizanidine, Protonix, Norco and Imitrex. The physician noted that urine drug screening test from March 5, 2015 was positive for Gabapentin and Butalbital and negative for Norco and that this was inconsistent with the medications that had been prescribed. Past medical history was significant for hypertension, fatty liver, chest pain, blurred vision, dizziness and constipation. Current diagnoses included cervical spine discopathy, cervical spine facet arthropathy, cervical spine radiculopathy, bilateral shoulder impingement, lumbar spine discopathy, lumbar spine facet arthropathy, sacroiliac joint arthropathy, lumbar spine radiculopathy and gastrointestinal complaints. The treatment plan included cervical medial branch block at C4-5 and C6-7 and a prescription for Fioricet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4 mg Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pg 128.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged without acute flare-up or clinical progression. The Tizanidine 4 mg Qty 60 is not medically necessary and appropriate.

Protonix 20 mg Qty 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular risk, Pages 68-69.

Decision rationale: Protonix medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hyper secretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Protonix namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Protonix 20 mg Qty 30 is not medically necessary and appropriate.