

Case Number:	CM15-0095721		
Date Assigned:	05/22/2015	Date of Injury:	06/15/2011
Decision Date:	06/24/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/18/2015

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, Alabama, 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:

The injured worker is a 56-year-old male patient who sustained an industrial injury on 06/15/2011. He saw a gastroenterologist on 04/07/2015 for complaint of significant reflux GERD symptom and was given recommendation to undergo surgical repair. A primary treating office visit dated 03/11/2015 reported chief complaints of having ongoing neck and low back pain. The patient is noted here for preoperative administration of transforaminal lumbar epidural at S1 scheduled on 03/19/2015. The initial bilateral cervical medial branch blocks left side on 04/02/2015, and the right side 04/16/2015. The patient is stable with current medication regimen. He needs Nexium prescribed for GERD. Current medications are: Nexium, Diolamine, Opana ER, and Tizanidine. The following diagnoses are applied: preoperative examination, cervical pain, cervicgia, lumbago, low back pain and abdominal pain generalized. A primary treating office visit back on 11/12/2014 reported chief complaints of lower back pain that extends to both legs. He also is with continued abdominal pain, primarily on the right upper quadrant. Current medications are: Opana ER, Miralax, Dilaudid. There is no change in the treating diagnoses. The plan of care involved: discontinuing Oxycodone and begin the trial of Dilaudid. There is recommendation to undergo a computerized tomography scan of abdomen ruling out abdominal wall hernia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dicyclomine- Bentyl 20 mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.dailymed.nlm.nih.gov/dailymed.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) dicyclomine (Rx) ½ Bentyl. <http://reference.medscape.com/drug/bentyl-dicyclomine-341987>.

Decision rationale: Bentyl is an anticholinergic agents used to treat irritable bowel syndrome. There is no documentation that the patient developed irritable bowel syndrome. In addition the patient was diagnosed with GERD and the use of anticholinergic is contraindicated. Therefore, the request is not medically necessary.

Tizanidine-Zanaflex 4 mg #90: Upheld

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

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 relaxants 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 in this case developed continuous pain does not have clear exacerbation of back pain and spasm and the prolonged use of Zanaflex is not justified. Furthermore, there is no clear evidence of chronic myofascial pain and spasm. Therefore, the request for Prospective request for 1 prescription of Tizanidine-Zanaflex 4 mg #90 is not medically necessary.