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| Case Number: | CM13-0024044 | | |
| Date Assigned: | 11/20/2013 | Date of Injury: | 05/22/2003 |
| Decision Date: | 02/05/2014 | UR Denial Date: | 08/13/2013 |
| Priority: | Standard | Application Received: | 09/13/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 51-year-old male who reported an injury on 05/22/2003. The mechanism of injury was a fall. Resulting injuries included a loss of consciousness, and pain in the lumbar and cervical spine, right shoulder, and left wrist. His initial course of treatment included physical therapy, activity modification, a TENS unit, and heat therapy. He did have an initial MRI of the lower back and x-rays; however, these were not included for review. In 2005, the patient underwent a right shoulder arthroscopy with postoperative physical therapy. However, he was incarcerated for several years afterward, and did not receive any other treatment until early 2013. At this time, the patient continues to complain of lumbar spine, right shoulder, neck, and upper extremity symptoms to include bowel and bladder difficulties, standing, walking, sitting, bending, lifting, sensation, and sleep difficulty. The patient's current medications include Motrin and Lispro, dosages and frequencies not specified. Unofficial x-rays that were performed in 01/2013 showed degenerative disc disease from L5-S1, L5-S1 spondylolysis grade 1, lumbar spine L5-S1 foraminal stenosis, degenerative joint disease at C5-6, and a confirmation of his right shoulder arthroscopy. An MRI dated 02/20/2013 revealed a 6 x 12 mm central disc protrusion and annular tear at L5-S1 without significant central canal or foraminal compromises. An EMG/NCS done on 03/08/2013 revealed bilateral L4 and left L5 radiculopathies. An MRI of the lumbar spine was re-performed on 06/03/2013 and revealed a disc protrusion at L5-S1 producing mild to moderate bilateral foraminal stenosis; a small disc protrusion at L4-5 with no significant canal or foraminal stenosis; and otherwise negative MRI scan. An MRI of the cervical spine on the same date revealed mild degenerative changes resulting in canal stenosis but no cord compression. The patient's lumbar back symptoms have made it very difficult for him to ambulate and theref

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 75 mg between 7/11/2013 and 10/11/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, and Diclofenac Sodium (Voltaren[®], Voltaren-XR[®]) generic.

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

Decision rationale: The California MTUS Guidelines recommend the use of NSAIDs for chronic low back pain as an option for short-term symptomatic relief. Studies show that NSAIDs were no more effective than other drugs such as acetaminophen, but have greater side effects. Also, there is an increased risk of using NSAIDs when cardiovascular disease is present; the patient was noted to have hypertension in the 01/28/2013 clinical note. Guidelines state, that for individuals with cardiovascular disease, a non-pharmacological choice is the first line option in treating chronic back pain; however, if medication is used, it is suggested that acetaminophen, aspirin, or an opioid be used for short-term needs. If the previously mentioned medications are not an option, it is recommended that full dose naproxen, 500 mg twice a day, with the option of adding aspirin plus a proton pump inhibitor, is the preferred choice of NSAID. A secondary treatment using a low dose COX-2 plus aspirin, could also be considered. Guidelines also recommend that for hypertensive patients, blood pressure and fluid excess should be measured at every visit. There is no evidence that naproxen was attempted, no evidence that aspirin has been added, nor was there documentation regarding the trial use of a COX-2. Although the patient's blood pressure has been obtained on a regular basis, there is no evidence that any fluid monitoring of the lower extremities has been done. The current documentation regarding the use of Diclofenac 75 mg is not within Guideline recommendations for treating a hypertensive patient. As such, the request for 1 Prescription of Diclofenac 75 mg between 7/11/2013 and 10/11/2013 is non certified.

Baclofen 10mg #60 between 7/11/2013 and 10/11/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines recommend non-sedating muscle relaxants as a second line option for short-term treatment of acute exacerbations of chronic low back pain. However, they show no benefit beyond the use of NSAIDs and no additional benefit in combination with NSAIDs. Efficacy is noted to diminish over time and may lead to dependence. Baclofen in particular, is an anti-spasticity drug used to treat conditions such as cerebral palsy, multiple sclerosis, and spinal cord injuries. Associated symptoms that are treated with this medication include exaggerated reflexes, autonomic hyperreflexia, dystonia,

contractures, paresis, and lack of dexterity and fatigability. Baclofen is also noted for treating paroxysmal, lancinating neuropathic pain. Not only is the patient noted to have been receiving this medication for over 6 months, there is no objective documentation of muscle spasms on physical examination, no correlating diagnoses, nor is there report of any exaggerated reflexes, dystonia, contractures, a lack of dexterity, paresis, hyperreflexia, or neuropathic pain. The medical records submitted for review do not meet Guideline recommendations for the use of baclofen. As such, the request for 1 prescription of Baclofen 10mg #60 between 7/11/2013 and 10/11/2013 is non-certified.

Omeprazole 20mg between 7/11/2013 and 10/11/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 68.

Decision rationale: