MAXIMUS Federal Services

Case Number:	CM13-0028822		
Date Assigned:	11/27/2013	Date of Injury:	10/03/2008
Decision Date:	01/23/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/23/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in California. 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:

This is a female patient with a date of injury of 10/3/08. A progress report dated 7/8/13 identifies subjective complaints including, "low back pain radiating down to both lower extremities. The patient states that her low back pain is getting progressively worse." Objective examination findings identify, "spasm in the paraspinal musculature. There is hypoesthesia in the anterolateral aspect of the foot and ankle of an incomplete nature at L5 and S1 dermatome distribution. There is weakness in the big toe plantarflexor bilaterally. There is facet tenderness at L4, L5, and S1. Reflexes for the knees are 1 and for the ankles are absent bilaterally." Diagnoses state, "lumbar disk herniation at L4-L5 and L5-S1, positive MRI, positive EMG for L5-S1 radiculopathy." Treatment plan recommends, "lumbar epidural steroid-based injections...acupuncture...continue her course of physical therapy...naproxen 550 mg twice a day as an anti-inflammatory medication and Prilosec 20 mg 1 tablet b.i.d. for gastritis secondary to NSAID intake...Norco 10/325 mg to be taken 1 tablet every 4 to 6 hours as needed for pain, Flexeril 10 mg twice a day as a muscle relaxer... ketoprofen/cyclobenzaprine/lidocaine...flurbiprofen 10%/capsaicin 0.025%/menthol 2%/camphor 1%..." A progress report dated 9/27/13 identifies subjective complaints including, "constant pain in her low back...7-8/10...difficulty sleeping, headaches as well as symptoms of anxiety and depression due to the pain. She states that prolonged sitting, standing, walking, bending and lifting anything over 25 pounds causes the pain to increase." Objective examination findings identify, "lumbar spine reveals tightness and spasm with restricted mobility. Straight leg raising is positive at 70 degrees, bilaterally. There is weakness in the big toe dorsiflexor and big toe plantar flexor bilaterally. There is hypoesthesia noted at the L4, L5 and S1 dermatome level distribution. Reflexes: Knees 1+ bilaterally and ankles are 0 to 1+ bilaterall

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79.

Decision rationale: MTUS Chronic Pain Guidelines state that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the request for Prilosec 20mg is not medically necessary and appropriate.

Norco 10/325 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79.

Decision rationale: MTUS Chronic Pain Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Norco is improving the patient's function or pain, no documentation regarding side effects, and no discussion regarding aberrant use. In the absence of such documentation, the request for Norco 10/325mg is not medically necessary and appropriate

Flexeril 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: MTUS Chronic Pain Guidelines state that non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the documentation available for review, there is no indication that the patient is utilizing the medication for short-term treatment

of an acute exacerbation, and long-term use is not recommended by the MTUS Chronic Pain Guidelines. In light of the above issues, the current request for Flexeril is not medically necessary and appropriate.

Naproxen 550mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-69.

Decision rationale: MTUS Chronic Pain Guidelines state that NSAIDs are recommended as an option for short-term symptomatic relief of chronic low back pain. Within the documentation available for review, there is no indication that use of the medication has resulted in significant pain relief and/or functional improvement and long-term use is not recommended by the MTUS Chronic Pain Guidelines. In light of the above issues, the current request for Naproxen is not medically necessary and appropriate.