

Case Number:	CM13-0038697		
Date Assigned:	12/18/2013	Date of Injury:	06/25/2009
Decision Date:	03/17/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	10/01/2013

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 Anesthesia has a subspecialty in Acupuncture & Pain Medicine 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:

The patient is a 52 year old injured worker with date of injury 6/25/09 with related chronic, severe low back pain. Per the 8/20/13 progress report, physical exam demonstrated limited lumbar range of motion, bilaterally positive straight leg raise test, antalgic gait, and decreased strength in the right lower extremity. There is decreased sensation in the right L4, right L5, and right S1 dermatomes. MRI of the lumbar spine dated 10/8/12 revealed bilateral L3 & L4 laminectomies with asymmetric disc protrusion right L3-L4 level extending into the neural foramen resulting in mild to moderate neural foraminal narrowing; mild to moderate bilateral neural foraminal narrowing at L4-L5 and L5-S1. Treatment to date has included lumbar fusion, physical therapy, spinal cord stimulator, and medications. The date of UR decision was 9/4/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 75mg tabs (Cyclobenzaprine HCL) 1 PO BID pm #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Muscle Relaxants Page(s): 64.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Additionally, guidelines state muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Regarding Fexmid, "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects." According to the 9/13/13 progress report included in the medical records provided for review, the treating physician noted "At this point, the patient can get by without Fexmid but feels that Omeprazole is necessary to settle stomach on the current medication regimen." Additionally the medical records indicate that the injured worker has been treated with this medication since as early as 9/2012. As the medication is only recommended for short-term treatment, the request cannot be supported. The request for Fexmid 75mg tabs (Cyclobenzaprine HCL) 1 PO BID pm spasms (reduce to 2 day) #90, is not medically necessary and appropriate.

Omeprazole 20mg CPDR (Omeprazole) 2 PO BID 01 upset #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs, GI Symptoms & Cardiovascular Risk, Page(s): 8.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors in conjunction with NSAIDs in situations in which the patient is at risk for gastrointestinal events including: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Chronic Pain Medical Treatment Guidelines state, "Recommendations: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.). Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 µg four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk is high the suggestion is for a low-dose Cox-2 plus low dose Aspirin (for cardioprotection) and a PPI. If cardiovascular risk is greater than GI risk the suggestion is naproxyn plus low-dose aspirin plus a PPI. In patients with no risk factor and no cardiovascular disease, MTUS states the use of non-selective NSAIDs is okay without a PPI. The medical records provided for review include a recent progress report dated 10/11/13. The report indicates that the injured worker was not being treated with an NSAID. There is no evidence that the GI upset the injured worker has is secondary to a medication being used to treat the industrial injury.

The request for Omeprazole 20mg CPDR (Omeprazole) 2 PO BID 01 upset #60 is not medically necessary and appropriate.