

Case Number:	CM13-0042860		
Date Assigned:	12/27/2013	Date of Injury:	09/30/1996
Decision Date:	08/12/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/21/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation 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 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/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 injured worker is a 54-year-old male who reported an injury on 09/30/1996 caused by unspecified mechanism. The injured worker had a history of lower back pain, with a diagnoses of displaced intervertebral disc without myelopathy; post laminectomy syndrome, lumbar region; sacroiliitis; and thoracic/lumbosacral neuritis/radiculitis unspecified. The diagnostic included an MRI dated 05/21/2013 of the lumbar spine, which revealed a status post posterior lumbar interbody fusion at the L3-S1, lumbar disc degenerative disc disease with broad-based bulge measuring at 2 mm; L2-3, and mild facet osteoarthritis. Past treatments included a knee brace to the right knee, cold therapy, and no PT, as the injured worker had good range of motion and strength, and ambulated with a cane. Per objective examination note dated 09/26/2013 revealed bilateral dermatomes at the C/T1 and bilateral dermatomes L2/S2, sensation over the lower extremities were positive, The lumbar spine revealed range of motion with a 40 flexion and a negative straight leg raise. The medication included Flector patch, Roxicodone 15 mg, Skelaxin 800 mg, trazodone 50 mg, Celexa 20 mg, and ibuprofen 800 mg. No VAS was provided. The treatment plan was to continue med. No authorization for the Prevacid or the Skelaxin was given. No rationale for the Prevacid or the Skelaxin given.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Prevacid 30MG, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: The request for Prevacid 30 mg #30 is not medically necessary. There is a lack of clinical information provided indicating the injured worker had gastritis. There is a lack of documentation of NSAID side-effects reported by the injured worker that would warrant the use of a proton pump inhibitor. Moreover, there is a lack of clinical information provided indicating how long the injured worker has used Prevacid. The California MTUS guidelines identify increase risk of hip fracture with long term usage of PPIs. The injured worker also fails to fit the criteria of any significant risk for gastrointestinal bleeding or perforation. Therefore, the request is not medically necessary.

Prescription of Skelaxin 800MG, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

Decision rationale: The prescription for Skelaxin 800 mg #120 is not medically necessary. The California MTUS Guidelines indicate that antispasmodic drugs be used to decrease muscle spasms in conditions such as lower back pain, although it appears that these medications are often used for the treatment of musculoskeletal conditions, whether spasm is present or not. The mechanism of action of most of these agents is not known. Skelaxin is reported to be a relatively non-sedating muscle relaxant. The exact mechanism of action is unknown, but the effect is presumed to be due to general depression of the central nervous system. The clinical notes provided did not indicate that the injured worker suffered from spasms. As such, the request is not medically necessary.