

Case Number:	CM13-0046863		
Date Assigned:	12/27/2013	Date of Injury:	02/02/2007
Decision Date:	09/05/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/01/2013

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 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 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 71-year-old male with diagnoses of myofascial pain syndrome, lumbar spine sprain/strain, and bilateral sacroiliac joint pain status post lumbar spine surgery. Review of available progress notes dated May 1, 2013 and June 12, 2013 indicated that the injured worker continued to complain of pain to his bilateral sacroiliac joints with no significant numbness of the legs. Physical examination revealed negative straight leg raise test, tenderness over the bilateral lumbar paraspinal muscles, and decreased range of motion of the lumbar spine by 10% in all planes. Faber, bilateral Thigh Thrust, and Gaenslen's tests were positive. Medication regimen includes: Naprosyn 550 mg, omeprazole 20 mg, Neurontin 600 mg, Zanaflex 4 mg, and Terocin lotion (2 bottles). The treating physician notes in his supplemental report dated June 13, 2013 that the injured worker received prior bilateral sacroiliac injection on December 7, 2012 which reportedly provided 50% relief lasting over 3 months, decreasing medication utility and increased participation in daily activities. Furthermore, the report notes that the injured worker reportedly underwent "multiple rounds of physical therapy, acupuncture, and chiropractic care" in the past. On July 24, 2013, the injured worker reported continued pain in the bilateral sacroiliac joints radiating to the buttocks. He reported "some numbness" in the buttocks. Examination findings remain unchanged. Spasms of the lumbar muscles were noted. New prescription of Flexeril 7.5 mg was provided. Urine drug screens performed on May 1, 2013 and July 29, 2013. Positive findings of benzodiazepine were noted in the July 29, 2013 screen result. Supplemental report dated October 30, 2013 notes the injured worker has a history of gastritis. Tenderness and spasm of the bilateral lumbar paraspinals were also noted. The injured worker is currently not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20 MG (#100): Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitor in patients with increased risk of gastrointestinal events. As per guidelines, long-term use has been shown to increase the risk of hip fracture. Although the available medical records note the injured worker has a history of gastritis, the recent progress notes have failed to establish the presence of dyspepsia, either nonsteroidal anti-inflammatory drug-induced or stand-alone. Furthermore, since the request for naproxen sodium is deemed not medically necessary, a proton pump inhibitor is not medically necessary for gastrointestinal protection. Therefore, it can be concluded that the medical necessity of the requested omeprazole 20 mg #100 is not medically necessary at this time.

NAPROXEN SODIUM 550 MG (#100): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 73.

Decision rationale: The Chronic Pain Guidelines recommend non-steroidal anti-inflammatory medications as a second-line treatment after acetaminophen for acute exacerbations of chronic low back pain. The guidelines note that it is reasonable to provide a 30-day trial of naproxen with further treatment to be considered on the documentation of symptomatic and functional benefit. However, the available medical records for review do not document functional improvement with chronic naproxen (Naprosyn) use. The guidelines do not support the request for continued use of naproxen sodium in this case. Therefore it can be concluded that the request for naproxen sodium 550 mg #100 is not medically necessary.

FEXMID (FLEXERIL) 7.5 MG (#90): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), page(s) 41-42 Muscle relaxants (for pain), page 64 Page(s): 41-42, 64.

Decision rationale: The Chronic Pain Guidelines indicate that Fexmid (Flexeril) is recommended as a short course therapy to decrease muscle spasms. Flexeril is more effective than placebo in the management of back pain, although the effect is modest and come at the price of adverse effects. Flexeril is associated with the number needed to treat of 3 to 2 weeks for symptom improvement, with the greatest effect appearing to be in the first 4 days of treatment. The injured worker has chronic pain in the low back area and the supplemental report dated October 30, 2013 notes spasms present in the lumbar paraspinal muscles. Based from the medical records available for review, the injured worker has not been prescribed Fexmid (Flexeril) in the past. The guideline criteria have been met. Therefore, it can be concluded that the medical necessity of the requested Fexmid (Flexeril) 7.5 mg is medically necessary at this time. There is evidence of acute spasms in the lumbar paraspinal muscles as per supplemental report dated October 30, 2013.

TRIGGER POINT INJECTION, WITH ULTRASOUND, (#4) TO LUMBAR SPINE:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state the criteria for the use of trigger point injections includes documentation of well-demarcated and circumscribed trigger points with evidence upon palpation of a twitch response, as well as, referred pain. The medical records provided for review failed to provide any evidence of a twitch response to the lumbar spine. Additionally, the guidelines state medical management therapy such as ongoing stretching exercises, physical therapy, nonsteroidal anti-inflammatory drugs, and muscle relaxants have failed to control pain. Review medical records provided do not indicate any specific evidence of physical therapy or any rehabilitative modalities have failed in the management of low back pain. Therefore, it can be concluded that the medical necessity of the requested trigger point injection with ultrasound (#4) to the lumbar spine is not medically necessary at this time.

URINE SCREEN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, page 78 Opioids, differentiation: dependence & addiction, page 85 Page(s): 78, 85. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine drug testing (UDT).

Decision rationale: The Chronic Pain Guidelines recommend random drug screening for patients to avoid the misuse of opioids, particularly those at high risk of abuse. The available

medical records for review do not indicate opioid utility with the injured worker's medication regimen. Additionally, testing for other prescribed medications such as gabapentin is not recommended through the chronic pain management guidelines. Urine drug testing is appropriate for Tramadol and drugs of abuse, including illicit drugs like cocaine, or potentially abused prescription controlled substances, such as benzodiazepines, amphetamines, and opioids. The need for urine drug screen has not been established. Therefore, it can be concluded that the medical necessity of the requested urine screen is not medically necessary at this time.