

Case Number:	CM13-0047116		
Date Assigned:	12/27/2013	Date of Injury:	02/05/2013
Decision Date:	02/24/2014	UR Denial Date:	10/06/2013
Priority:	Standard	Application Received:	11/04/2013

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 and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 31-year-old male with injury date from 02/05/2013. According to treating physician's report 09/26/2013, patient presents with chronic pain in mid/low back areas with intensity of 4/10 to 5/10 without medications or therapy and reduces to a rate of 2/10 with medications. Pain is reduced when taking medication. Listed diagnoses are thoracic spine herniated disk, lumbar spine herniated disk, left leg prosthesis due to shotgun wound, stress and anxiety. Under treatment and request for authorization, the physician notes that the patient has shown subjective improvement in terms of pain, stiffness, weakness, as well as objective improvement in terms of tenderness, range of motion, and strength, also shown functional restoration with activities of daily living. The patient has benefited from the current medication and was advised to continue with these including Voltaren, Prilosec which is to be taken 30 minutes before meals for gastric protection, and Flexeril 7.5 mg 1 tablet at bedtime as needed for muscle spasm. Report dated 07/26/2013 is identical, by [REDACTED], in terms of the patient's response. On 08/21/2013 report, the patient's pain is rated at 6/10 to 7/10 with the medications and acupuncture helping to reduce his pain. The treatment plan and the request for authorization are verbatim identical to other reports. The requests for Voltaren, Prilosec, and Flexeril were denied by utilization review 10/06/2013. For Voltaren, the rationale was that Chronic Pain Medical Treatment Guidelines allows for only short-term symptomatic relief for chronic low back pain, but the recommendation was for only 100 mg once daily rather than 2 daily as prescribed. The use of Prilosec was denied based on the lack of documentation for risk for GI events, and Flexeril was not recommended for long-term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for 60 Voltaren 100mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Medications for chronic pain Page(s): 60, 61.

Decision rationale: This patient presents with chronic low back and thoracic areas. The treating physician has been prescribing Voltaren at 100 mg once or twice daily #60 per month. However, Chronic Pain Medical Treatment Guidelines, clearly states "Voltaren XR 100 mg p.o. daily for chronic therapy." And that Voltaren XR should only be used as chronic maintenance therapy. This patient is prescribed 100 mg up to 2 tablets a day which is not recommended by Chronic Pain Medical Treatment Guidelines. While Voltaren XR 100 mg once a day is recommended, 100 mg twice a day is not. Therefore the request for #60 per month at 1 to 2 tablets a day is not medically necessary.

The request for 60 Prilosec 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section (NSAIDs) Non-Steroidal Anti-Inflammatory Drugs, (GI) Gastrointestinal and Cardiovascular.

Decision rationale: This patient presents with chronic thoracic and lumbar pain with anxiety and stress. The treating physician has prescribed Prilosec and other times Protonix 20 mg. On each indication, he states "for gastric protection". However, none of the reports reviewed from 05/31/2013 to 10/25/2013 discusses any GI (Gastrointestinal) side effects and GI risk factors. Chronic Pain Medical Treatment Guidelines, specifically require GI assessment for prophylactic use of PPI (proton pump inhibitors) medications. The risk assessment include age greater than 65, concurrent use of anticoagulants/aspirin, high doses of NSAIDs (non-steroidal anti-inflammatory drugs), history of peptic ulcer disease or bleeding/perforation, et cetera. The treating physician does not provide any of these documentations other than to simply state that the Prilosec is being used for GI protection. The treating physician does not elucidate what GI problems are to be protected and what kind of GI problems this patient is suffering from that requires use of prophylactic PPI. Therefore the request for 60 Prilosec 20mg is not medically necessary.

The request for 90 Flexeril 7.5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

Decision rationale: This patient is prescribed Flexeril 7.5 mg what appears to be at 1 tablet at nighttime to help with muscle spasms. Review of the reports which showed that this medication is prescribed on a long term chronic basis. Chronic Pain Medical Treatment Guidelines specifically recommends against use of sedating muscle relaxants such as Flexeril on a long-term or chronic basis. Flexeril, if used, is recommended for short-term use such as 3 to 4 days and no more than for 2 to 3 weeks. Therefore the request for 90 Flexeril 7.5mg is not medically necessary.