MAXIMUS Federal Services

Case Number:	CM13-0053327		
Date Assigned:	12/30/2013	Date of Injury:	09/13/2004
Decision Date:	07/29/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/18/2013

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 45-year-old male who reported an injury on 09/12/2004. The mechanism of injury was not provided for clinical review. The diagnoses included displacement of intervertebral disc, degeneration of lumbar intervertebral disc, and low back pain. The previous treatments included medication and an MRI. The medication regimen included ibuprofen, cyclobenzaprine, lidocaine, Prilosec, and lactase. Within the clinical note dated 04/15/2014, it was reported the injured worker complained of low back and lower extremity pain. He noted his pain was across the lower back, radiating down the right lower extremity with numbness along the right anterior lateral thigh. He rated his pain 6/10 in severity. Upon the physical examination, the provider noted the injured worker's lumbar spine had pain with flexion, extension, and lateral bending. He noted the injured worker's sensation to be diminished to light touch, pinprick, and temperature along the L4 dermatomes. The injured worker had a negative straight leg raise bilaterally. The provider requested cyclobenzaprine, omeprazole, lidocaine patch, and ibuprofen. However, rationale was not provided for clinical review. The Request for Authorization was submitted and dated on 04/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE HCI TABS 10MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDLINES, MUSCLE RELAXANT,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, 63, 64. Acupuncture Medical Treatment Guidelines Page(s): 63-64.

Decision rationale: The request for cyclobenzaprine HCl tablets 10 mg is not medically necessary. The injured worker complained of low back and lower extremity pain. He noted his pain was across his low back, radiating down the right lower extremity with numbness along the right anterior/lateral thigh. He rated his pain to be 6/10 in severity. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment and acute exacerbation in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. Muscle relaxants may be effective in reducing pain and muscle tension, increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. There is a lack of objective findings indicating the injured worker was treated for muscle spasms. Additionally, the injured worker had been utilizing the medication for an extended period of time, since at least 10/2013, which exceeds the guidelines' recommendations of short-term use for 2 to 3 weeks. The request submitted failed to provide the frequency of the medication. In addition, there is lack of documentation indicating the efficacy of the medication, as evidenced by significant functional improvement. Therefore, the request for cyclobenzaprine HCl tablets 10 mg is not medically necessary.

OMEPRAZOLE CPDR 20MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDLINES, NSAIDS-GIT SYMPTOMS/PPIs,.

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

Decision rationale: The request for Omeprazole CPDR 20 mg is not medically necessary. The injured worker complained of low back and lower extremity pain. He noted his pain was across his low back, radiating down the right lower extremity with numbness along the right anterior/lateral thigh. He rated his pain to be 6/10 in severity. The California MTUS note PPIs such as Omeprazole are recommended for injured workers who are at risk for GI events and/or cardiovascular disease. The risk factors for GI events include over the age of 65, history of peptic ulcer, GI bleeding or perforation, use of corticosteroids and/or anticoagulants. In the absence of risk factors for GI bleeding events, PPIs are not recommended when taking NSAIDs. The treatment for dyspepsia from NSAID usage includes stopping the NSAID, switching to a different NSAID, or adding an H2 receptor antagonist or PPI. There is a lack of documentation indicating the injured worker had a history of peptic ulcer disease, gastrointestinal bleed, or perforation. Additionally, there was a lack of documentation indicating the injured worker had a diagnosis of dyspepsia secondary to NSAID therapy. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request for Omeprazole CPDR 20 mg is not medically necessary.

LIDOCAINE PATCH 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDLINES, TOPICAL ANALGESICS,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs, page(s) 111-112 Page(s): 111-112.

Decision rationale: The request for lidocaine patch 5% is not medically necessary. The injured worker complained of low back and lower extremity pain. He noted his pain was across his low back, radiating down the right lower extremity with numbness along the right anterior/lateral thigh. He rated his pain to be 6/10 in severity. The California MTUS Guidelines note topical NSAIDs are recommended for the use of osteoarthritis and tendonitis, in particular, that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short-term use of 4 to 12 weeks. There is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. The guidelines note topical lidocaine is recommended for neuropathic pain and localized peripheral pain after there has been evidence of a trial of first-line therapy. Topical lidocaine in the formulation of a dermal patch, Lidoderm, has been designated for orphan status by the FDA for neuropathic pain. There is a lack of documentation indicating the injured worker had signs and symptoms or was diagnosed with osteoarthritis. There is a lack of documentation indicating the injured worker was diagnosed or treated for neuropathic pain. The documentation submitted did not indicate the injured worker had tried and failed on first-line agents for management of neuropathic pain. The request submitted failed to provide the frequency of medication. In addition, the request does not specify a treatment site. The injured worker had been utilizing the medication for an extended period of time, since at least 10/2013, which exceeds the guidelines' recommendation of short-term use of 4 to 12 weeks. Therefore, the request for lidocaine patch 5% is not medically necessary.

IBUPROFEN TABS 800MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDLINES, NSAIDS,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), page(s) 67 Page(s): 67.

Decision rationale: The request for ibuprofen tablets 800 mg is not medically necessary. The injured worker complained of low back and lower extremity pain. He noted his pain was across his low back, radiating down the right lower extremity with numbness along the right anterior/lateral thigh. He rated his pain to be 6/10 in severity. The California MTUS Guidelines note ibuprofen is a nonsteroidal anti-inflammatory drug for the relief of signs and symptoms of osteoarthritis. The guidelines also recommend NSAIDs at the lowest dose for the shortest period of time in patients with moderate to severe pain. The injured worker had been utilizing the medication since 10/2013. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant objective functional improvement. The request submitted

failed to provide the frequency of the medication. Therefore, the request for ibuprofen tablets 800 mg is not medically necessary.