

Case Number:	CM13-0054519		
Date Assigned:	12/30/2013	Date of Injury:	11/29/2010
Decision Date:	03/24/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/19/2013

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, 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:

The patient is a 28-year-old male with date of injury of 11/29/2010. The listed diagnoses per [REDACTED] dated 10/22/2013 are lumbar myoligamentous injury with bilateral lower extremity radiculopathy, lumbar facet hypertrophy, status post PLIF at L4-L5 and L5-S1, medication-induced gastritis, and status post arthroscopic surgery of the left knee, 10/24/2013. According to progress report dated 10/22/2013 by [REDACTED], the patient complains of ongoing pain in his lower back radiating down to his left lower extremity. He continues to complain of left knee pain. The patient is currently taking Norco 10/325 mg, Anaprox-DS 550 mg, Fexmid 7.5 mg, and Topamax. His medications enable him to function on a daily basis. However, he is concerned that he will probably be experiencing significant postoperative pain and is requesting a stronger pain medication. Physical examination shows tenderness to palpation on the posterior lumbar musculature bilaterally with increased muscle rigidity. There are numerous trigger points which are palpable and tender throughout the lumbar paraspinal muscles. He has decreased range of motion. The patient is able to bend forward with his outstretched fingers to about 4 inches above the level of his knees, and extension is limited to 10 degrees. He experiences pain with both maneuvers, but worse with flexion. Motor testing in both lower extremities is between 4/5 to 4+/5. Positive for straight leg raise which causes radicular pain bilaterally. Examination of the left knee reveals tenderness to palpation along the medial and lateral joint line. There is mild crepitus noted with general range of motion with mild soft tissue swelling. Exam is negative for anterior/posterior drawer sign and negative for collateral laxity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS 550mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

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

Decision rationale: This patient presents with chronic lower back pain radiating down to his left lower extremity and chronic left knee pain. Treating physician is requesting a refill for Anaprox. MTUS recommends the use of NSAIDs with precaution. Clinician should weigh the indications for NSAIDs against both GI and cardiovascular risk factor. MTUS does not support chronic use of nonsteroidal anti-inflammatory drugs because of the propensity for gastrointestinal and cardiovascular side effects to increase significantly. Potentially, fatal side effects such as GI bleed may occur. Furthermore, MTUS page 60 also require documentation of pain and function with medication use for chronic pain. Review of reports from 04/29/2013 to 12/19/2013 shows that the patient has been on Anaprox-DS since 04/29/2013. The treating physician's report from 04/29/2013 has the following regarding medication efficacy, "I reviewed the patient's activities of daily living and we noted a significant improvement in the patient's ability to perform activities on a daily basis compared to when medications are not used." In this case, MTUS states that "a comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs in chronic LBP." Recommendation is for authorization.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & Cardiovascular Risk Page(s): 69.

Decision rationale: This patient presents with chronic lower back pain radiating down to his left lower extremity and chronic left knee pain. The treating physician is requesting refill for Prilosec 20 mg. Utilization review dated 11/11/2013 denied the request stating that there is no indication of primary GI disease. There are also no secondary GI side effects subsequent to prolonged use of multiple medications which are effective and well tolerated. MTUS guidelines page 68, 69 states that Omeprazole is recommended for patients at risk for gastrointestinal events. Review of reports from 04/29/2013 to 12/19/2013 does not show any documentation of gastrointestinal side effects. While the treating physician probably recommended Prilosec in conjunction with Anaprox, he does not document diagnosis of gastrointestinal disease. Therefore, the request for refill for Prilosec is not medically necessary and is therefore denied.

Fexmid 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63.

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

Decision rationale: This patient presents with chronic lower back pain radiating down to his left lower extremity and chronic left knee pain. The treating physician is requesting a refill for Fexmid 7.5 mg. Utilization review dated 11/11/2013 denied the request stating that Fexmid has no proven role in the treatment of chronic pain syndrome in patients, and the patient currently does not have any acute myospasm or breakthrough myospasm. MTUS page 64 recommends Fexmid, otherwise known as cyclobenzaprine, as a short course of therapy with limited and mixed evidence. Cyclobenzaprine is a skeletal muscle relaxant and central nervous system depressant with similar effects to tricyclic antidepressants. In this case, the patient has been using Fexmid since 04/29/2013, and MTUS does not recommend long-term use of this medication. Therefore, the request is denied.