MAXIMUS Federal Services

Case Number:	CM13-0061183		
Date Assigned:	12/30/2013	Date of Injury:	12/31/2012
Decision Date:	08/26/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	12/04/2013

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 Illinois. 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 47-year-old female who reported an injury on 12/31/2012 due to lifting a patient. Diagnoses included epidural abscess, sprain/strain of the lumbosacral spine, L5-S1 diskitis, status post posterior decompression/fusion in 04/2014 and osteomyelitis of the humerus and elbow pain. Past treatment included medications, physical therapy and work restrictions. The injured worker's past diagnostic studies include, on 06/07/2013, an MRI of the lumbar spine as well as x-rays of the lumbar spine without flexion and extension studies on 07/13/2013 collapsing listhesis L5-S1 with endplate erosion x-rays of the lumbar spine including flexion and extension studies on 09/18/2013. Past surgical history includes posterior spinal fusion in April 2014. The injured worker stated her pain remained the same and indicated the medications help with her pain and spasms. She rated her pain 6/10 and voiced a request to start weaning off of her pain medications but she continued to have persistent pain and spasms. On 06/19/2014, the injured worker was noted to have normal reflexes and power testing in the bilateral upper and lower extremities. There were palpable muscle spasms. On 06/20/2014, there was no erythema to the left upper extremity, mild swelling throughout the left elbow, no warmth in the elbow, and well-healed surgical scar lateral aspect of left distal arm. No significant tenderness at left elbow and moderate restrictions to left shoulder motion. Medications included Naproxen, Norflex and Tramadol ER. However, clinical notes from the date of service of 09/27/2013 for when the medications have been requested were not provided. A request has been submitted for Fexmid 7.5 mg retrospective of 09/27/2013 and for Protonix 20 mg retrospective 09/27/2013. The rationale for the Naproxen was for pain and inflammation and the rationale for the Fexmid was to use as needed for muscle spasms and pain relief as noted in the most recent submitted note. The Request for Authorization Form dated 06/25/2014 was provided with the documentation submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

FEXMID 7.5MG (RETROSPECTIVE: 9/27/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63.

Decision rationale: According to the California MTUS, the guidelines state that muscle relaxants are recommended with caution as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain. The muscle relaxants are recommended to be non-sedating. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases, they show no benefits beyond an NSAID in pain and overall improvement. Also, there is no additional benefit shown in combination with an NSAID. The efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The request received was for retrospective as of 09/27/2013. There was no documentation submitted for review that indicated around this particular time frame. In addition, the guidelines state that muscle relaxants are used with caution as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain. However, there is no documentation prior to 09/27/2013 to indicate if the injured worker was previously prescribed this medication, so there is no documentation to support the request. The request as submitted did not include the frequency or the quantity of the medication. As such, the request for Fexmid 7.5 mg retrospective as of 09/27/2013 is not medically necessary.

PROTONIX 20MG (RETROSPECTIVE: 9/27/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI and cardovascular risks Page(s): 78.

Decision rationale: According to the California MTUS, gastrointestinal symptoms and cardiovascular risks should be evaluated to include age of 65, history of peptic ulcer, gastrointestinal bleed, or perforation, concurrent use of aspirin, corticosteroid, and/or an anticoagulant. This request is for retrospective as of 09/27/2013. There is no clinical documentation retrospectively as of that date submitted with the documentation for review. There is a lack of documentation indicating the injured worker had complaints of gastrointestinal symptoms or that the injured worker was at risk. In addition, with the lack of documentation submitted for review at the time the medication was dispensed to determine necessity. The

request as submitted failed to provide the frequency and quantity of the medication. As such, the request for Protonix 20 mg retrospectively is not medically necessary.