

Case Number:	CM14-0100117		
Date Assigned:	07/28/2014	Date of Injury:	04/11/2014
Decision Date:	08/29/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/30/2014

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 Occupational Medicine 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 patient is a 41-year-old male who has submitted a claim for lumbosacral pain, bilateral sacroiliitis, lumbosacral strain, L5-S1 disc bulge with foraminal stenosis, associated with an industrial injury date of April 11, 2014. Medical records from through 2014 were reviewed. The progress report, dated 06/26/2014, showed a sharp pressure like pain in band like distribution across lower back. The pain was radiating to bilateral hips and groin. No numbness/tingling of bilateral extremity were noted. The pain was aggravated by prolonged standing, twisting and bending. Physical examination revealed restricted range of motion for the lumbosacral spine. Tenderness was noted along the supraspinous L4 to sacrum. There was also tenderness along the sacroiliac region. There was hypoesthesia on the left lateral leg and left lateral foot. MRI of lumbosacral spine, dated 06/17/2014, showed L5-S1, 4mm disc bulge causing moderate to severe bilateral foraminal stenosis. Treatment to date has included acupuncture therapy, physical therapy and medications such as Naproxen, Flexeril, and Prilosec which were prescribed since May 2014. Utilization review from 06/09/2014 denied the request for the purchase of Naproxen 550mg one tablet BID #60 because the request was not reasonable as it was unknown what duration of time the patient has been on NSAIDs and it did not appear that there has been any derived benefit from prior use. The request for Prilosec 20mg one tablet daily #30 was denied because patient was not at intermediate risk for GI event and the request was not reasonable. The request for Flexeril 10mg one tablet at bedtime #30 was denied because the request was not reasonable as there was no documentation of spasms on exam and patient has been taking medication previously and it 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:

Naproxen 550 mg one tablet bid (twice daily) ATY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Pain (updated 05/15/2014) Non steroidal anti-inflammatory drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen, NSAIDs Page(s): 66-67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), NSAIDS.

Decision rationale: According to page 66 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Naproxen is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain, and that there is no evidence of long-term effectiveness for pain or function. In addition, Official Disability Guidelines states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. In this case, the patient has been prescribed Naproxen since May 2014. Long-term use is not recommended. In the recent clinical evaluation, the patient still complains of low back pain. The medical records submitted did not document pain relief and functional improvement with Naproxen use. Furthermore, the medical records submitted for review do not show evidence of osteoarthritis in the patient. Therefore, the request for NAPROXEN 550MG ONE TABLET BID #60 is not medically necessary.

Prilosec 20 mg one tablet daily QTY 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk Page(s): 68.

Decision rationale: Prilosec is a brand name for the proton pump inhibitor omeprazole. According to page 68 of the CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are recommended for patients at intermediate risk for gastrointestinal events. Risk factors for gastrointestinal events include age >65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulants; or high dose/multiple NSAID. In this case, patient was prescribed Prilosec since May 2014. However, there was no documented evidence of risk factors for gastrointestinal events. Furthermore, there were no documented gastrointestinal complaints. The medical necessity was not established. Therefore, the request for PRILOSEC 20MG ONE TABLET DAILY #30 is not medically necessary.

Flexeril 10 mg one tablet at bedtime ATY 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants. According to pages 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. The effect is modest and comes at the price of greater adverse effects. In this case, Flexeril was prescribed since May 2014. However, there was no documentation regarding significant relief of pain and functional improvement from cyclobenzaprine. Furthermore, guidelines do not support the chronic use of Flexeril. Therefore, the request for FLEXERIL 10MG ONE TABLET AT BEDTIME #30 is not medically necessary.