

Case Number:	CM14-0109382		
Date Assigned:	09/19/2014	Date of Injury:	08/26/2010
Decision Date:	11/13/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/14/2014

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 Physical Medicine & 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 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 44-year-old male with a date of injury of 08/26/2010. The listed diagnoses per [REDACTED] are: 1.L4-L5 left paracentral disk protrusion with left lower extremity radiculopathy. 2.Left ankle instability. 3.Left ankle reconstruction x3. 4.Status post PLIF L3-L4 and L4-L5 on 05/14/2013. 5.Medication induced gastritis. According to progress report 04/15/2014, the patient presents with chronic low back pain. The patient continues with postoperative physical therapy which he feels that is has been beneficial. The patient reports that his current oral analgesic medications which includes MS Contin 50 mg twice a day as well as Norco 10/325 mg for breakthrough pain enables him to participate in physical therapy. Examination of the lower spine revealed tenderness to palpation bilaterally with increased muscle rigidity. There were numerous trigger points which were palpable and tender throughout the lumbar paraspinal muscles. The patient has decreased range of motion with obvious muscle guarding. Urine drug screen was performed to monitor and document patient's compliance. This is a request for refill of Anaprox-DS 550 mg #60, Prilosec 20 mg #60, and Fexmid 7.5 mg #120. Utilization review denied the request on 06/10/2014. Treatment reports from 07/21/2014 through 06/17/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS 550 MG Quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatories NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Anti-inflammatory medications Page(s): 60, 61; 22.

Decision rationale: This patient presents with chronic low back pain. The treater is requesting a refill of Anaprox-DS 550 mg #60. Utilization review denied the request stating that long term use of NSAIDs is not recommended. For anti-inflammatory medications, the MTUS Guidelines page 22 states, "Anti-inflammatory are the traditional first line of treatment to reduced pain, so activity and functional restoration can resume, but long term use may not be warranted." MTUS also support oral NSAIDs for chronic low back pain. Review of the medical file indicates the patient has been prescribed this medication since at least 02/21/2014. Report 04/15/2014 notes that "The patient has tried numerous medications and is considered to have failed pharmacological conservative treatment." The treater recommended authorization for a spinal cord stimulator. In this case, the treater states the patient has failed pharmacological conservative treatment. It appears that medications are not working. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. Given the lack of efficacy of this medication, further use cannot be supported. The request is not medically necessary.

Prilosec 20 MG Quantity 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 low back pain. The treater is requesting Prilosec 20mg #60. The MTUS Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. Review of the medical file indicates the patient has been prescribed Anaprox and Prilosec concurrently since at least 02/21/2014. The patient has been taking NSAID on a long term basis, but the treater does not document dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. The request is not medically necessary.

FexMid 7.5 MG Quantity 120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63,64.

Decision rationale: This patient presents with chronic low back pain. The treater is requesting a refill of Fexmid 7.5 mg #120. The MTUS Guidelines page 64 states that cyclobenzaprine is recommended for short course of therapy. Limited mixed evidence does not allowed for recommendation for chronic use. In this case, medical records indicate the patient has been taking this medication since at least 02/21/2014. Long term use of this medication is not supported. The request is therefore not medically necessary.