

Case Number:	CM14-0011002		
Date Assigned:	02/21/2014	Date of Injury:	06/04/2011
Decision Date:	07/24/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/27/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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:

This patient is a 55-year-old female who has submitted a claim for lumbago associated with an industrial injury dated June 4, 2011. Medical records from 2012 to 2014 were reviewed. The patient complained of mid and low back pain, radiating to the left lower extremities, rated 8/10 with medications and 9/10 without medications. She had complaints of stomach pain related to medications. Physical examination of the lumbar spine showed tenderness over the bilateral paravertebral area at L4-S1 levels; limitation of motion; a positive straight leg raise on the right at 80 degrees and on the left at 70 degrees; and mildly diminished L5 sensory deficit in the lower extremities, more pronounced on the left than the right. MRI of the lumbar spine done on July 5, 2013 revealed minor degenerative changes of the lumbar spine, not causing significant stenosis at any level. The diagnoses were lumbar spine discopathy, lower extremity radiculitis, and gastritis secondary to medications. The treatment plan includes requests for Protonix, Anaprox and Fexmid. Treatment to date has included oral analgesics, physical therapy, home exercises, lumbar epidural steroid injection (ESI), electroshockwave therapy (ESWT), acupuncture, and chiropractic therapy. A utilization review from January 10, 2014 denied the requests for Protonix 20mg twice a day (duration unknown) because there were no documented risk factors for GI side effects; and Fexmid 7.5mg (duration unknown) because no rationale was provided for the use of this medication. The request for Anaprox DS 550mg Tablets, 1 Tablet twice a day (duration unknown) was modified to to allow the drug to be used for one month. This medication is a first-line treatment to reduce pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROTONIX 20 MG TWICE A DAY DURATION UNKNOWN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-INFLAMMATORY MEDICATIONS Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009: NSAIDS, GI Symptoms, and Cardiovascular Risk, page 68 Page(s): 68.

Decision rationale: As stated on page 68 of the California MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age greater than 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA (acetylsalicylic acid), corticosteroids, or anticoagulants; or use of high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, the patient is a 55-year-old female who has reported stomach pain related to medications. She has been on Protonix as far back as February 20, 2013. Although the patient may benefit from PPI use, there was no objective evidence of pain relief derived from this medication. Moreover, the request did not specify the amount of medication to dispense. The medical necessity has not been established at this time. Therefore, the request for Protonix 20mg twice a day (duration unknown) is not medically necessary or appropriate.

FEXMID 7.5MG TWICE A DAY DURATION UNKNOWN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009: Muscle relaxants (for pain and Cyclobenzaprine (Flexeril, Amrix, Fexmid™, generic available), pages 41-42 Page(s): 41-42.

Decision rationale: As stated on pages 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant that is recommended as a short-course therapy. The effect is greatest in the first 4 days of treatment. In this case, Fexmid intake has been noted as far back as September 27, 2013. However, there was no objective evidence of overall pain and functional improvement derived from its use. There was also no evidence of an acute exacerbation of low back pain, based on the most recent progress reports. The guidelines do not recommend long-term use of this medication. There is no compelling rationale that warrants its continued use. In addition, the request did not specify the amount of medication to dispense. Therefore, the request for Fexmid 7.5mg twice a day (duration unknown) is not medically necessary.

ANAPROX DS 550MG TABLET 1 TABLET TWICE A DAY DURATION UNKNOWN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
NTI-INFLAMMATORY MEDICATIONS AND GASTROINTESTINAL SYMPTOMS
Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009:
NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: As stated on pages 67-68 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as a second-line treatment after Acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than Acetaminophen for acute lower back pain (LBP). For patients with chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Studies suggest that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. In this case, the patient was diagnosed with lumbar spine discopathy and lower extremity radiculitis. Anaprox intake was noted as far back as December 2012. However, there was no objective evidence of overall pain and functional improvement derived from its use. The guidelines also do not support long-term use. Furthermore, there was no evidence of trial and failure of first-line treatment to relieve pain. There was no compelling rationale concerning the need for variance from the guidelines. In addition, the request did not specify the amount of medication to dispense. Therefore, the request for Anaprox DS 550mg tablets, 1 tablet twice a day (duration unknown) is not medically necessary.