MAXIMUS Federal Services

Case Number:	CM14-0012347		
Date Assigned:	02/21/2014	Date of Injury:	03/30/2000
Decision Date:	07/25/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/30/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 59-year-old male who has filed a claim for lumbar sprain/strain associated with an industrial injury date of March 30, 2000. Review of progress notes indicates low back pain radiating to the legs up to the toes, with cramping on the right. There is numbness and tingling in the right foot and in the second to fifth toes. Patient also reports locking and popping sensations in the low back, weakness and giving out of the right leg, with loss of balance. Findings include tenderness over the lumbar region, spasm, and decreased lumbar range of motion. Patient ambulates with a cane. X-ray of the lumbar spine from December 2013 showed post-operative changes, and degenerative disc disease at the upper transitional segment. Treatment to date has included Tylenol, Nonsteroidal Anti-inflammatory Drugs (NSAIDs), opioids, muscle relaxants, paravertebral nerve blocks, lumbosacral blocks, Terocin lotion, lumbar support, and lumbar spinal surgeries in 2000 and 2001. Utilization review from January 21, 2014 denied the requests for Flexeril/cyclobenzaprine 7.5mg #90 3 bottles, pantoprazole sodium DR 20mg #60 3 bottles, Voltaren XR diclofenac sodium ER 100mg #60 3 bottles and Ultram tramadol 50mg #60 3 bottles. Reasons for denial were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL/CYCLOBENZAPRINE 7.5MG #90 3 BOTTLES: 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 CYCLOBENZAPRINE (FLEXERIL) Page(s): 41-42.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that cyclobenzaprine is a skeletal muscle relaxant and a CNS depressant that is recommended as a short-course therapy. The effect is greatest in the first 4 days of treatment. Patient has been on this medication since September 2013. There is no documentation of acute exacerbations of low back pain in this patient. Therefore, the request for Flexeril cyclobenzaprine 7.5mg #90 3 bottles was not medically necessary.

PROTONIX PANTOPRAZOLE SODIUM DR 20MG #60 3 BOTTLES: 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): 68.

Decision rationale: According to page 68 of California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are used in patients on NSAID therapy who are at risk for GI events. Risk factors includes age > 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple Nonsteroidal Anti-inflammatory Drugs (NSAID) use. Use of PPI > 1 year has been shown to increase the risk of hip fracture. Patient has been on this medication since September 2013. There is no documentation regarding the abovementioned risk factors in this patient. Therefore, the request for Protonix pantoprazole sodium DR 20mg #60 3 bottles was not medically necessary.

VOLTAREN XR DICLOFENAC SODIUM ER 100MG #60 3 BOTTLES: 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 (NONSTEROIDAL ANTI-INFLAMMATORY DRUGS) Page(s): 67-69.

Decision rationale: As stated on pages 67-69 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, Nonsteroidal Anti-inflammatory Drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and there is no evidence of long-term effectiveness for pain or function. Patient has been on this medication since September 2013. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. Therefore, the request for Voltaren XR diclofenac sodium ER 100mg #60 3 bottles was not medically necessary.

ULTRAM TRAMADOL 50MG #60 3 BOTTLES: 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 OPIOIDS, CRITERIA FOR USE; ON-GOING MANAGEMENT Page(s): 78-82.

Decision rationale: As stated on pages 67-69 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, Nonsteroidal Anti-inflammatory Drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and there is no evidence of long-term effectiveness for pain or function. Patient has been on this medication since September 2013. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. Therefore, the request for Voltaren XR diclofenac sodium ER 100mg #60 3 bottles was not medically necessary.