MAXIMUS Federal Services

Case Number:	CM14-0019512		
Date Assigned:	04/23/2014	Date of Injury:	07/25/2011
Decision Date:	07/03/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/17/2014

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 Family Practice and is licensed to practice in Texas. 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 45-year-old female with a reported injury date on 07/25/2011; the mechanism of injury was not provided. The clinical noted dated 09/10/2013 noted that the injured worker had complaints that included unrated pain to the low back, left lower extremity, and left knee. It was noted that the pain has decreased with medication use and that the injured worker has been able to perform activities of daily living without difficulty. Objective findings included tenderness to the low back and left lower extremity that produces radiating pain with deep palpation, globally reduce range of motion, and noted spasms to the suprascapular, lumbar paraspinal and gluteal regions. Additional findings include positive straight leg raise on the left, decreased patellar reflex, and dysesthetic sensation throughout the left lower extremity. It was noted that the injured worker's current medication regimen includes Cyclobenzaprine 7.5mg and Lansoprazole DR 30mg for unknown duration of time. The request for authorization form was not submitted in the available clinical paperwork.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 7.5MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE (FLEXERIL).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE Page(s): 40-41.

Decision rationale: The request for Cyclobenzaprine 7.5mg #60 is non-certified. It was noted that the injured worker had complaints that included unrated pain to the low back, left lower extremity, and left knee. It was noted that the pain has decreased with medication use and that the injured worker has been able to perform activities of daily living without difficulty. Objective findings included tenderness to the low back and left lower extremity, globally reduce range of motion, and noted spasms to the suprascapular, lumbar paraspinal and gluteal regions. It was noted that the injured workers current medication regimen includes Cyclobenzaprine 7.5mg for unknown duration of time. The California MTUS guidelines recommend the use of muscle relaxers an option for chronic pain, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses are the best option. Based on the available documentation provided it remains unclear how long the injured worker has currently been prescribed this medication and the requested quantity would exceed the recommended short duration of use. As such, this request is not medically necessary.

LANSOPRAZOLE DR 30MG, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69.

Decision rationale: The request for Lansoprazole DR 30mg #30 is non-certified. It was noted that the injured worker had complaints that included unrated pain to the low back, left lower extremity, and left knee. It was noted that the pain has decreased with medication use and that the injured worker has been able to perform activities of daily living without difficulty. It was noted that the injured worker's current medication regimen includes Lansoprazole DR 30mg for unknown duration of time. The California MTUS guidelines recommend the use of proton pump inhibitors for injured workers who are at an increased risk for gastrointestinal events. The medical necessity for the use of this medication has not been established. There was no evidence in documentation that the injured worker was experiencing side effects of medication use or symptomatology that correlates with gastrointestinal events. As such, this request is not medically necessary.

VOLTAREN XR 100MG, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DICLOFENAC SODIUM (VOLTAREN, VOLTAREN XR).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS) Page(s): 71.

Decision rationale: The request for Voltaren XR 100mg #30 is non-certified. It was noted that the injured worker had complaints that included unrated pain to the low back, left lower extremity, and left knee. It was noted that the pain has decreased with medication use and that the injured worker has been able to perform activities of daily living without difficulty. Objective findings included tenderness to the low back and left lower extremity that produced radiating pain with deep palpation, globally reduce range of motion, and noted spasms to the suprascapular, lumbar paraspinal and gluteal regions. Additional findings included positive straight leg raise on the left, decreased patellar reflex, and dysesthetic sensation throughout the left lower extremity. It was noted that the injured worker's current medication regimen includes Cyclobenzaprine 7.5mg and Lansoprazole DR 30mg for unknown duration of time. The California MTUS guidelines recommend the use of non-steroidal anti-inflammatory drugs as a second-line treatment after acetaminophen for acute exacerbations of chronic low back pain. In general, there is conflicting evidence that NSAIDs are more effective that acetaminophen for acute LBP. The medical necessity for this medication has not been established. Based on the available documentation provided it remains unclear what the plan of treatment is for this medication to include what goals the medication are expected to achieve and what frequency the medication is to be given. As such, this request is not medically necessary.