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| Case Number: | CM14-0111230 | | |
| Date Assigned: | 09/16/2014 | Date of Injury: | 12/17/2004 |
| Decision Date: | 10/23/2014 | UR Denial Date: | 07/02/2014 |
| Priority: | Standard | Application Received: | 07/16/2014 |

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, 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 injured worker is a 42 year old male who was injured on December 17, 2004. The diagnoses listed as degeneration of lumbar or lumbosacral intervertebral disc (722.52), myalgia and myositis unspecified (729.1), enthesopathy of wrist and carpus (726.4). The most recent progress note dated 8/11/14, reveals complaints of low back pain without radiation to the lower extremities no radicular features. Physical examination reveals decreased lumbar range of motion 80 to 90 percent, and tender points in lumbar paraspinal muscles. It was reported that medications help with pain 80 percent and maintain his functionality. A clinical note dated 6/16/14 notes that the muscle relaxant (Cyclobenzaprine) helps him sleep well. Prior treatment includes transcutaneous electrical nerve stimulation (TENS) unit use, Toradol intramuscularly (IM) injection on 7/28/14, medications, and home exercise program. The claimant works full time. A prior utilization review determination dated 7/2/14 resulted in denial of Omeprazole, Cyclobenzaprine 7.5 milligrams quantity thirty, Diclofenac 100 milligrams quantity sixty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole: 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 Page(s): 68.

Decision rationale: According to the CA MTUS guidelines state PPI medications such as Omeprazole (Prilosec) may be indicated for patients at risk for gastrointestinal events, which should be determined by the clinician: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Treatment of dyspepsia secondary to NSAID therapy recommendation is to stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. The medical records reviewed do not document any gastrointestinal complaints or significant risk for GI events. Therefore, the request is not medically necessary.

Cyclobenzaprine 7.5 mg. #30: 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 Page(s): 41.

Decision rationale: Per guidelines, Flexeril is recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Cyclobenzaprine is closely related to the tricyclic antidepressants, e.g., amitriptyline. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. In this case, there is little to no evidence of substantial spasm unresponsive to first line therapy. There is no documentation of significant improvement in function with continuous use. Chronic use of this medication is not recommended. Therefore, the request is not medically necessary.

Diclofenac 100mg. #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 Page(s): 70.

Decision rationale: According to the CA MTUS guidelines, "NSAIDs" are recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. Long term use of NSAIDs is not recommended as there is no evidence of long term effectiveness for pain or function. In this case, the injury is very old and is

not clear how long the injured worker has been taking this medication. Thus, the request is not medically necessary.