

Case Number:	CM14-0112090		
Date Assigned:	09/18/2014	Date of Injury:	08/26/2010
Decision Date:	10/16/2014	UR Denial Date:	06/21/2014
Priority:	Standard	Application Received:	07/17/2014

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 Occupational Medicine 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 38 year old male who developed persistent low back pain subsequent to an injury dated 10/26/10. He has recently undergone L5-S1 segmental fusion for instability with myelopathy. He has had a 6-month postoperative x-ray and a 9-month x-ray is requested. He is currently treated with physical therapy and oral analgesics consisting of Naproxyn 550 BID, Norco 180/month, Tramadol ER 150 BID, Cyclobenzaprine 7.5 mg BID and Pilosec 40mg. per day. There is no documentation of VAS scores or benefits from the medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 x-ray L/S 4 views: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: MTUS Guidelines discourage the use of X-rays for low back pain; however they recommend X-rays when the results may affect patient care. This is a circumstance where results will affect care. There is a medical necessity for x-rays to assess the consolidation of the

fusion. If there is an incomplete fusion there are interventions that can be done. This request is medically necessary.

Cyclobenzaprine 7.5mg #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 Muscle Relaxants Page(s): 64.

Decision rationale: MTUS Guidelines do not recommend the long-term use of nearly every commonly utilized muscle relaxant. In particular, the use of Cyclobenzaprine is recommended for short-term use up to 2-3 weeks for an initial injury of specific flare-ups. There is no documentation that would justify an exception to Guideline recommendations. The chronic use of Cyclobenzaprine #60 is not medically necessary.

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80.

Decision rationale: MTUS Guidelines have very specific standards to justify the long-term use of Opioid medications. There should be regular documentation of pain relief and functional benefits. There should be documentation of the presence of absence of adverse effects. The provider does not note any pain or functional benefits. It is over 9 months after surgery and there is no documentation supporting the ongoing use of a high level of opioids. The treating physician does not meet the Guideline standards for the current level of opioid use, the Norco 10/325mg #180 is not medically necessary.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI risk Page(s): 68.

Decision rationale: MTUS Guidelines do not recommend the routine use of PPI's when an anti-inflammatory is utilized. The Guidelines recommend the evaluation of GI risk factors before starting a PPI and only utilizing 20mg of Prilosec if there is an intermediate risk. No risk factors are mentioned in the records reviewed and there is no medical justification for the use of double the recommended dose. These are not benign medications with the long-term use being

associated with increased hip fractures, lung infections and deregulation of biological metals.
The Prilosec 40 mg. is not medically necessary.