

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0134873 | | |
| Date Assigned: | 08/27/2014 | Date of Injury: | 06/14/1994 |
| Decision Date: | 10/02/2014 | UR Denial Date: | 08/19/2014 |
| Priority: | Standard | Application Received: | 08/21/2014 |

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 Orthopedic Surgery, 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 61-year-old male who reported injury on 06/14/1994. The mechanism of injury was not submitted for review. The injured worker has diagnoses of revision lumbar fusion T8-L2 level, status post T12-L2 posterior fusion, status post decompression and fusion at L4-S1, status post anterior fusion L3-4, status post femoral removal of hardware of the lumbar spine, status post lumbar hardware removal at L3-4, status post ACDF at the C5-6, and right C7 radiculopathy secondary to C6-7 disc herniation. Past medical treatment consists of surgery, physical therapy, home exercise program, trigger point injections, and medication therapy. Medications include Flexeril, Prilosec, and Ultram. On 07/24/2014 the injured worker complained of back pain and leg pain. Physical examination of the lumbar spine revealed the injured worker had difficulty walking. The injured worker had difficulty changing position and getting onto the examination table. The range of motion was restricted and caused painful symptoms. There was guarding with motion. Examination also revealed that the injured worker had muscle spasm. The treatment plan is for the injured worker to continue Flexeril and Prilosec. The provider feels that the continuation of the medication is necessary due to the improved pain level and activity level of the injured worker. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril Tablets 10 mg QTY: 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Page(s): 41.

Decision rationale: The California MTUS Guidelines recommend Flexeril is an option for short term course therapy. The greatest effect of this medication is in the first 4 days of treatments, suggesting that the shorter courses may be better. Treatment should be brief. The request for Flexeril 10 mg with a quantity of 180 exceeds the guideline recommendations of short term therapy. The provided medical records lacked documentation of significant objective functional improvement with the medication. Furthermore, the submitted report lacked any indication of whether the Flexeril was helping with the injured worker's functional deficits. As such, the request is not medically necessary.

Prilosec 20 mg QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Prilosec GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The California MTUS Guidelines recommend proton pump inhibitors for injured workers at risk for gastrointestinal events. The addition of a proton pump inhibitor is also supported for injured workers taking NSAID medication who have cardiovascular disease or significant risk factors for gastrointestinal events. The submitted report lacked any indication that the injured worker was taking any NSAIDs. Furthermore, there was no documentation indicating that the injured worker had any complaints of dyspepsia with the use of medication, cardiovascular disease, or significant risk factors for gastrointestinal events. In the absence of this documentation, the request is not supported by the evidence based guidelines. Additionally, the request as submitted failed to include a frequency and duration. As such, the request is not medically necessary.