MAXIMUS Federal Services

Case Number:	CM14-0153125		
Date Assigned:	09/23/2014	Date of Injury:	07/24/2003
Decision Date:	10/24/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/18/2014

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 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:

According to the records made available for review, this is a 68-year-old male with a 7/24/03 date of injury. At the time (9/11/14) of the Decision for Prilosec 20mg #60, 1-2 tablets daily, Cyclobenzaprine 7.5mg #90, 1 tablet 3 times per day, Ambien 12.5mg #30, 1 tablet at bedtime, and One (1) lumbar brace, there is documentation of subjective (lower back pain radiating to left leg associated with numbness, Paresthesia, and weakness) and objective (tenderness over the left lumbar paraspinal musculature with spasm, atrophy noted in the quadriceps, decreased lumbar range of motion, absent knee reflex, and decreased sensation in the left lateral thigh) findings, current diagnoses (lumbar disc displacement, lower back pain, lumbar radiculopathy, and insomnia), and treatment to date (medications (including ongoing treatment with Prilosec, Norco, Cyclobenzaprine, and Ambien since at least 4/29/14), physical therapy, and acupuncture). 7/24/14 medical report identifies that medications enable the patient to perform activities of daily living. Regarding Prilosec, there is no documentation of risk for gastrointestinal events. Regarding Cyclobenzaprine, there is no documentation of short-term (less than two weeks) treatment. Regarding Ambien, there is no documentation of short-term (less than two to six weeks) treatment. Regarding lumbar brace, there is no documentation of compression fractures, spondylolisthesis, or documented instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60, 1-2 tablets daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines NSAIDs, GI symptoms & cardiovascular risk, Page(s): page(s) 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. Within the medical information available for review, there is documentation of diagnoses of lumbar disc displacement, lower back pain, lumbar radiculopathy, and insomnia. In addition, there is documentation of ongoing treatment with Prilosec. However, there is no documentation of risk for gastrointestinal events. Therefore, based on guidelines and a review of the evidence, the request for Prilosec 20mg #60, 1-2 tablets daily is not medically necessary.

Cyclobenzaprine 7.5mg #90, 1 tablet 3 times per day: 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 Muscle relaxants (for pain Page(s): page(s) 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of lumbar disc displacement, lower back pain, lumbar radiculopathy, and insomnia. In addition, there is documentation of ongoing treatment with Cyclobenzaprine and Cyclobenzaprine used as a second line agent. Furthermore, given documentation that Cyclobenzaprine enables the patient to perform activities of daily living, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Cyclobenzaprine use to date.

However, there is no documentation of acute muscle spasms or acute exacerbation of chronic pain. In addition, given documentation of Cyclobenzaprine use since at least 4/15/14, there is no documentation of short-term (less than two weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for Cyclobenzaprine 7.5mg #90, 1 tablet 3 times per day is not medically necessary.

Ambien 12.5mg #30, 1 tablet at bedtime: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Stress and Mental Illness Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Zolpidem Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS does not address this issue. ODG identifies Ambien (zolpidem) as a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar disc displacement, lower back pain, lumbar radiculopathy, and insomnia. In addition, there is documentation of ongoing treatment with Ambien. Furthermore, given documentation that Ambien enables the patient to perform activities of daily living, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Ambien use to date. However, given documentation of records reflecting prescriptions for Ambien since at least 4/15/14, there is no documentation of short-term (less than two to six weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for Ambien 12.5mg #30, 1 tablet at bedtime is not medically necessary.

One (1) lumbar brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar Supports

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation (ODG) Low Back, Lumbar Support; and Back Brace, post operative (fusion)

Decision rationale: MTUS reference to ACOEM identifies that lumbar support have not been shown to have any lasting benefit beyond acute phase of symptom relief. ODG identifies documentation of compression fractures, spondylolisthesis, or documented instability, as criteria necessary to support the medical necessity of lumbar support. ODG also notes that post operative

back brace is under study, but given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom post-op brace, if any, depending on the experience and expertise of the treating physician. Within the medical information available for review, there is documentation of diagnoses of lumbar disc displacement, lower back pain, lumbar radiculopathy, and insomnia. However, there is no documentation of compression fractures, spondylolisthesis, or documented instability. Therefore, based on guidelines and a review of the evidence, the request for One (1) lumbar brace is not medically necessary.