MAXIMUS Federal Services

Case Number:	CM14-0153257		
Date Assigned:	09/23/2014	Date of Injury:	04/16/2013
Decision Date:	10/24/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/19/2014

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 Tennessee. 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 patient is a 35-year-old male who has submitted a claim for lumbago associated with an industrial injury date of April 16, 2013.Medical records from 2014 were reviewed, which showed that the patient complained of persistent low back pain rated at 8/10. Physical examination revealed tenderness of the lumbar paraspinal musculature with increased tenderness of the left hip and ambulation with an obvious limp. Treatment to date has included Flexeril (since at least March 20, 2014), Relafen (since at least March 20, 2014) and omeprazole (since at least March 20, 2014).Utilization review from September 3, 2014 denied the request for Zanaflex 4mg #60, Relafen 750mg #60 and Prilosec 20mg #30. The request for Prilosec was denied because the documentation submitted does not provide an adequate assessment of the patient's risk factors for GI events. The request for Zanaflex was denied because the records indicate that the patient has been on the medication for a duration that exceeds guidelines recommendations. The request for Relafen was denied because there is no documentation that the patient failed first-line medications and that the patient had pain relief relating to use of Relafen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63.

Decision rationale: According to page 63 of the CA MTUS Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the patient has been on muscle relaxants since March 20, 2014. However, there is no documentation concerning pain relief and functional improvement derived from its use. Furthermore, the most recent physical examination also does not indicate evidence of muscle spasm. Moreover, the long-term use of muscle relaxant is not recommended by the guidelines. Therefore, the request for Zanaflex 4mg, #60 is not medically necessary.

Relafen 750mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 66,68 and 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (nonsteroidal anti-inflammatory drugs) Nabumetone (Relafen, generic available) Page(s.

Decision rationale: As stated on pages 67-68 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended in patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The lowest effective dose of nabumetone should be sought for each patient. Its use for moderate pain is off-label. In this case, Relafen intake was noted as far back as March 20, 2014. However, the medical records do not clearly reflect continued benefit from its use. There was also no evidence that the patient has failed to respond to lower doses. The guideline recommends nabumetone use at the lowest effective dose at the shortest period of time possible. The medical necessity for continued use of this medication was not established. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Relafen 750mg #60 is not medically necessary.

Prilosec 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68,73,66.

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

Decision rationale: According to page 68 of the CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors, such as omeprazole, are indicated in patients taking NSAIDS who are also at intermediate risk for gastrointestinal events and no cardiovascular disease. GI and cardiovascular risk factors include: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. In this case, the records provided do not document any GI complaint or

evidence that the patient was at intermediate risk for gastrointestinal events. Therefore, the request for Prilosec 20mg #30 is not medically necessary.