MAXIMUS Federal Services

Case Number:	CM14-0178134		
Date Assigned:	10/31/2014	Date of Injury:	10/15/2012
Decision Date:	12/17/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/27/2014

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 and Rehabilitation; has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 40 year old female with a work injury dated 10/15/12. The diagnoses include chronic pain syndrome; thoracic or lumbosacral neuritis or radiculitis, unspecified; spasm of muscle degeneration of lumbar or lumbosacral intervertebral disc; sacroilitis, not elsewhere classified lumbago myalgia and myositis, unspecified; dysesthesia. Under consideration are requests for Flexeril 10mg #90; Pepcid 40mg #30; Neurontin 300mg #180; Prilosec 20mg #30. There is a progress note dated which states 9/15/14 which states that the patient complains of stabbing pain in the low back which radiates down to left leg with numbness. There is stabbing pain In the front of the left knee. The medications include Flexeril, Gabapentin, Prilosec, Pepcid, Metformin. She is status post left l4-5. L5-S1 transforamlnal epidural steroid injection which provided her at least 70% pain relief which is ongoing till present. Patient states her pain level is 3/10 with medications and 4-6/10 without. Patient has been getting chiropractic treatment. On exam of the lumbar Spine there is tenderness in the left lumbosacral area and gluteus on palpation. There is 20% restriction of flexion. 40% restriction with extension. There is a positive left straight leg raise. Negative straight leg raise. Patrick's is bilaterally positive causing moderate pain at just 20 degrees abduction. There is hypoesthesia down anterolateral left leg from hip to foot, dysesthesia bilateral posterior lateral lower legs and all toes except big toes. There is are flexia of left ankle. A 6/26/14 document states that the patient's last day worked was December 15, 2012. The document states that the patient has a history of Gastritis (GERD from NSAID medication prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42, 64.

Decision rationale: Flexeril 10mg #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Flexeril is not recommended to be used for longer than 2-3 weeks.The documentation indicates that the patient has already been on Flexeril dating back to at least May of 2014. There is no evidence of functional improvement from prior use. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week time frame. The request for Flexeril 10mg #90 is not medically necessary.

Pepcid 40mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter Proton Pump Inhibitors

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment of dyspepsia secondary to NSAID therapy NSAIDs, GI symptoms & cardiovascular risk Page.

Decision rationale: Pepcid 40mg #30 is not medically necessary.The guidelines state that dyspepsia can be secondary to NSAID therapy. The treatment would be to stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. The guidelines also state that that the patient is at risk for gastrointestinal events if they meet the following criteria (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.The documentation does not indicate that the patient is on an NSAID or at risk of GI events therefore the request for Pepcid is not medically necessary.

Neurontin 300mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilespy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

Decision rationale: Neurontin 300mg #180 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that After initiation of antiepileptics

such as Neurontin treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The documentation indicates that the patient has been on Neurontin long term without any significant evidence of functional improvement on the documentation submitted. Therefore the request for Neurontin 300mg is not medically necessary.

Prilosec 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com and PDR reference 2014

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request for Prilosec 20 mg # 30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (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). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia.The documentation does not indicate that the patient meets the criteria above therefore the request for Prilosec is not medically necessary.