MAXIMUS Federal Services

Case Number:	CM14-0022918		
Date Assigned:	05/14/2014	Date of Injury:	07/15/2008
Decision Date:	07/29/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/24/2014

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 Internal Medicine and Pulmonary Disease, has 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:

The injured worker is a 63-year-old male who reported an injury on 07/15/2008. The mechanism of injury was not provided. On 03/28/2014, the injured worker presented with neck, low back, and bilateral knee pain. Upon examination of the cervical spine, there was tenderness and spasm posterior. Pain was reproduced with motion. The lumbar spine revealed tenderness and spasm with pain reproduced with motion. The diagnoses were disc bulge of the cervical spine, disc bulge of the lumbar spine, and osteoarthritis of the bilateral knees. Prior treatment included physical therapy and medication. The provider recommended Anaprox, Flexeril, Protonix, and Xanax. The provider's rationale was not provided. The request for authorization Form was dated 05/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids (Non-Steroidal Anti-Inflammatory Drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 70.

Decision rationale: The request for Anaprox 550 mg is not medically necessary. The California MTUS Guidelines recommend the use of NSAIDs for injured workers with osteoarthritis including knee and hip and injured workers with acute exacerbations of chronic low back pain. The guidelines recommend NSAIDs at the lowest dose for the shortest period in injured workers with moderate to severe pain. Acetaminophen may be considered for initial therapy for injured workers with mild to moderate pain and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. In injured workers with acute exacerbations of chronic low back pain, the guidelines recommend NSAIDs as an option for short-term symptomatic relief. The injured worker has been prescribed Anaprox since at least 11/2013, the efficacy of the medication was not provided. Additionally, the provider's request for Anaprox did not indicate the frequency or quantity of the requested medication. As such, the request is not medically necessary.

Flexeril 7.5mg: 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 Cyclobenzaprione (Flexeril) Page(s): 41.

Decision rationale: TThe request for Flexeril 7.5 mg is not medically necessary. The California MTUS Guidelines recommend Flexeril as an option for short course drug therapy. The greatest effect of this medication is in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The injured worker has been prescribed Flexeril since at least 11/2013, the efficacy of the medication was not provided. The provider's request for additional prescription of Flexeril exceeds the guidelines recommendation of short-term therapy. Additionally, the provider's request does not indicate the frequency or quantity of the requested medication. As such, the request is not medically necessary.

Protonix 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitor (PPI).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: The request for Protonix 20 mg is not medically necessary. The California MTUS Guidelines recommend proton pump inhibitors for injured workers at risk for gastrointestinal events. Proton pump inhibitors may be recommended for injured workers with dyspepsia secondary to NSAID therapy or for those taking NSAID medications that are moderate to high risk for gastrointestinal events. The included medical documentation did not indicate the injured worker had gastrointestinal symptoms. It did not appear that the injured worker had a risk for a peptic ulcer, GI bleed or perforation, or any additional gastrointestinal events. Additionally, the injured worker has been prescribed Protonix since at least 11/2013, the

efficacy of the medication was not provided. The provider's request did not indicate the frequency or the quantity of the prescribed medication. As such, the request is not medically necessary.

Xanax 0.25mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazapines Page(s): 24.

Decision rationale: The request for Xanax 0.25 mg is not medically necessary. The California MTUS Guidelines do not recommend the use of benzodiazepines for long-term use, because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use for up to 4 weeks. The injured worker has been prescribed Xanax since at least 11/2013; this exceeds the guideline recommendation for short term therapy. There was not enough efficacy of the medication documented to support continued use, additionally, the frequency and quantity were not provided in the request as submitted. Therefore, based on the documents provided, the request is not medically necessary.