

Case Number:	CM14-0028724		
Date Assigned:	06/20/2014	Date of Injury:	03/31/2008
Decision Date:	08/14/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/06/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 51-year-old male who reported an injury on 03/31/2008 due to an unknown mechanism. The injured worker had a physical examination on 08/02/2013 while he was attending a Functional Restoration Program. The injured worker has a history of nonindustrial polio. He reported a decrease in anxiety and depression. The injured worker reported he could walk better and had more strength in his legs. He rated his worst pain at a level of 7/10, best at 6/10, and current pain at 7/10. Range of motion for the lumbar spine was flexion 100 % with pain, extension 10% with pain, and side bend 50% with pain in left low back. Knee range of motion was flexion 100%, left extension 100%, and right extension was decreased by 10%. The injured worker had completed 2 weeks of Functional Restoration Program and presented with a mild decrease in subjective complaints of pain with overall improvement in functional measures. The injured worker stated he was sleeping better since beginning the program. The injured worker has shown significant improvement in both depression and anxiety. The injured worker stated he was able to rest his shoulders easier while walking with his walker. The documents submitted for review only had 2 progress notes and both were from the Functional Restoration Program. It was not reported what medications the injured worker was taking. Diagnoses for the injured worker were lumbar disc; myelopathy lumbar region. The request submitted was for Anaprox 550 mg twice a day #60, Zanaflex 2 mg twice a day #60, and Prilosec 20 mg #60. The rationale and request for authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANAPROX 550MG TWICE A DAY #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67, 68.

Decision rationale: The request for Anaprox 550 mg twice a day #60 is not medically necessary. The documentation received for review contained 2 progress notes from a Functional Restoration Program. The injured worker's medications were not mentioned on those reports. It was not noted if the injured worker had pain relief from taking the medication. The California Medical Treatment Utilization Schedule states NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. It is unclear with the records sent for review what specifically the injured worker was taking this medication for. For back pain, the medical guidelines state acute exacerbations of chronic pain, NSAIDs are recommended as a second-line treatment after acetaminophen. There is conflicting evidence that NSAIDs are more effective than acetaminophen for acute low back pain. For chronic low back pain, the medical guidelines recommend NSAIDs as an option for short-term symptomatic relief. The guidelines state for low back pain, it is suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The medical necessity of the request has not been established due to the lack of documentation regarding the injured worker's history and current functional status. There was a lack of efficacy of the medication to support continuation. It was not noted how long the injured worker had been taking the medication and whether it was for chronic pain or an acute exacerbation of low back pain. Therefore, the request is not medically necessary.

ZANAFLEX 2MG TWICE A DAY #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 127.

Decision rationale: The request for Zanaflex 2 mg twice a day #60 is not medically necessary. Zanaflex is a muscle relaxant. The California Medical Treatment Utilization Schedule recommends muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. The medical necessity of the request has not been established. It was not reported how long the injured worker had been taking Zanaflex. The guidelines state muscle relaxants are an option for short-term treatment. There were no objective measurements of deficits for the

injured worker and no evidence of efficacy of the medication to support continuation. Therefore, the request is not medically necessary.

PRILSOC 20MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Drugs.com and Physicians Desk Reference (PDR) 67th Edition, 2013.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 67, 68.

Decision rationale: The request for Prilosec 20 mg #60 is not medically necessary. The request submitted does not indicate the frequency for the medication. Due to the lack of documented history and current objective findings on the injured worker, the medical necessity of the request has not been established. It is unknown why the injured worker is taking Prilosec 20 mg #60. California Medical Treatment Utilization Schedule states to determine if the patient is at risk for gastrointestinal events. The guidelines suggest to assess the patient to determine if they are over 65 years of age, have a history of peptic ulcer, GI bleeding, or perforation, concurrent use of aspirin, corticosteroids, and/or an anticoagulant, or if they are on a high dose/multiple NSAID regimen. Nonselective NSAIDs are okay for patients with no risk factor and no cardiovascular disease such as ibuprofen or naproxen. The use of a nonselective NSAID with either a proton pump inhibitor or misoprostol 200 mcg, or a Cox-II selective agent are recommended for patients at intermediate risk for gastrointestinal events and no cardiovascular disease. It is recommended that Cox-II selective agent and a proton inhibitor be taken for patients at high risk for gastrointestinal events with no cardiovascular disease. The clinical documentation did not indicate the injured worker had risk factors to support guideline criteria for the requested medication. There was a lack of information provided addressing the efficacy of the medication to support continuation. The request as submitted did not include the frequency of the medication. Due to the lack of documentation for medical necessity, the request is not medically necessary.