

Case Number:	CM14-0034005		
Date Assigned:	03/21/2014	Date of Injury:	12/03/2007
Decision Date:	06/09/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/19/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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 48 year old male injured on 12/03/07 when he fell from a tree resulting in loss of consciousness, T8 compression fracture, residual post-concussional symptoms, lumbar disc degeneration with radiculitis, degeneration of cervical disc, thoracic pain, and cervical disc radiculitis. The patient was found to be a surgical candidate for continued low back pain. However, required significant psychological evaluation and treatment prior to further surgical intervention. The clinical note dated 02/10/14 indicates the patient completed psychological treatment with improvement and was ready to pursue surgery. The clinical note indicates the patient presented complaining of continued low back pain and lower extremity pain rated at 6/10 in severity. The patient reports he can function better with medications to include running errands, standing, and walking longer than 15 minutes. The patient reports the pain is worse at night and medications help him sleep better. Physical examination revealed decreased range of motion of the c-spine, tenderness noted along the bilateral paraspinal muscles and bilateral traps, motor strength 5/5, sensory appears to be diminished to light touch along L4-5 dermatomes in the bilateral lower extremities, tender to palpation over bilateral lumbar paraspinals and glutes, deep tendon reflexes are 2+ in the bilateral ankles and 2+ in the bilateral knees, trigger point of a left paraspinal region approximately level T7 with spasm noted. Medications include Cyclobenzaprine 10mg, Nizatidine 300mg, Prilosec 20mg, Medrox patch, and Docusate Sodium 100mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 10MG, 1 DAILY OR BID AS NEEDED, #90, NO REFILL:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: The Expert Reviewer's decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the documentation, the patient has been obtaining a 30 day supply of Cyclobenzaprine on a monthly basis for greater than 4 weeks; exceeding the 2-4 week window for acute management and also indicating a lack of efficacy if being utilized for chronic flare-ups. Additionally, there is no subsequent documentation regarding the benefits associated with the use of Cyclobenzaprine following initiation. As such, the medical necessity of Cyclobenzaprine 10mg, 1 daily or BID as needed, #90, no refill cannot be established at this time.

OMEPRAZOLE 20MG, 1 BID, #60, NO REFILL: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Proton Pump Inhibitors.

Decision rationale: As noted in the Pain Chapter of the Official Disability Guidelines, proton pump inhibitors are indicated for patients have shown adverse gastric symptoms. Additionally, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no indication that the patient is at risk for gastrointestinal events requiring the use of proton pump inhibitors or has shown adverse gastric symptoms. Furthermore, long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. As such, the request for Omeprazole 20mg, 1 BID, #60, no refill cannot be established as medically necessary.