

Case Number:	CM14-0039790		
Date Assigned:	06/27/2014	Date of Injury:	01/14/2008
Decision Date:	08/13/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/04/2014

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 Orthopedic Surgeon 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 47-year-old male who reported an injury on 01/14/2008. The mechanism of injury was not specifically stated. Current diagnoses include lumbar degenerative disc disease and lumbar radiculopathy. The injured worker was evaluated on 02/26/2014 with complaints of persistent lower back pain with radiation into the lower extremities. Current medications included Neurontin 300 mg, tramadol 50 mg, Celebrex 100 mg, Aciphex 10 mg, and Flector patch. Physical examination on that date revealed limited lumbar range of motion, decreased sensation in the lower extremities, normal strength, and negative straight leg raising. Treatment recommendations included continuation of the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg 1 twice a day as needed #60: 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 Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. There was no

documentation of palpable muscle spasm or spasticity upon physical examination. Guidelines do not recommend long term use of muscle relaxants. Therefore, the request is not medically necessary.

Aciphex 10mg 1 a day #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, Drug Manufacturer Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. It was also noted on a later date of 03/26/2014, the injured worker's prescription for Aciphex was discontinued. Based on the clinical information received, the request is not medically necessary.

Celebrex 100mg 1 twice day #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state Celebrex is indicated for the relief of signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. The injured worker does not maintain any of the above-mentioned diagnoses. It was also noted on a later date of 03/26/2014, the injured worker's prescription for Celebrex was discontinued. Therefore, the request is not medically necessary.

Flector Patch 1 topically twice a day #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The

injured worker has continuously utilized Flector patch without any evidence of objective functional improvement. It is also noted on a later date of 03/26/2014, the injured worker's prescription for a Flector patch was discontinued. Therefore, the request is not medically necessary.