

Case Number:	CM14-0040849		
Date Assigned:	06/27/2014	Date of Injury:	10/10/2002
Decision Date:	08/20/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/01/2014

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 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 53-year-old female who reported an injury on 10/10/2002, reportedly sustained while she was stacking boxes when she experienced a sharp pain in her lower back that radiated down to her right leg and foot. The injured worker's treatment history included MRI, EMG/NCV, medications, and massage therapy and chiropractic sessions. The injured worker was evaluated on 03/26/2014, and it was documented that the injured worker had low back pain rated at an 8/10. The provider noted that the injured worker uses Tramadol ER and Flexeril to help with pain and muscle spasms. The injured worker stated that she had frequent numbness and tingling in the bilateral legs, left worse than right. It was noted her pain affects her sleep; however, since she takes Flexeril and Gabapentin for spasms and numbness and tingling respectively helped her fall asleep and stay asleep. The provider noted that the injured worker felt depressed at times due to chronic pain that affected her ability to do daily tasks. Objective findings included her extension was 25 degrees, and flexion was 65 degrees. It was noted that the Protonix 20 mg was to treat upset stomach from taking medications; however, the provider noted that she would like to appeal the denial for the TENS unit, which is used for pain reduction. However, it was noted that the injured worker had undergone massage therapy and chiropractic sessions, but the provider failed to indicate outcome measurements. Medications included Tramadol, Flexeril, Gabapentin and Protonix. Diagnoses included a discogenic lumbar condition with disc disease at L4-5, an element of anxiety and depression and knee inflammation on the left, unclear as to coverage. The Request for Authorization dated on 11/19/2013 was for Flexeril, Protonix and a TENS unit. The rationale for the TENS unit was for pain reduction; Protonix was to treat upset stomach from taking medications, and the Flexeril was for muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

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

Decision rationale: According California (MTUS) Chronic Pain Medical Guidelines recommends Flexeril as an option, using a short course therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. Cyclobenzaprine-treated patients with fibromyalgia were 3 times as likely to report overall improvement and to report moderate reductions in individual symptoms, particularly sleep. Cyclobenzaprine is closely related to the tricyclic antidepressants and amitriptyline. The documentation submitted lacked evidence of conservative care outcome measurements such as prior physical therapy sessions and medication pain management. There was lack of documentation provided on her long term-goals of functional improvement and home exercise regimen. In addition, the request lacked frequency and duration of the medication. As, such, the request for Flexeril 7.5 mg # 60 is not medically necessary.

Flexril 7.5mg #60:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

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

Decision rationale: According California (MTUS) Chronic Pain Medical Guidelines recommends Flexeril as an option, using a short course therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. Cyclobenzaprine-treated patients with fibromyalgia were 3 times as likely to report overall improvement and to report moderate reductions in individual symptoms, particularly sleep. Cyclobenzaprine is closely related to the tricyclic antidepressants and amitriptyline. The documentation submitted lacked evidence of conservative care outcome measurements such as prior physical therapy sessions and medication pain management. There was lack of documentation provided on her

long term-goals of functional improvement and home exercise regimen. In addition, the request lacked frequency and duration of the medication. As, such, the request for Flexeril 7.5mg # 60 is not medically necessary.

Protonix 20mg #60: Upheld

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

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

Decision rationale: Prilosec is recommended for patients taking NSAIDs who are at risk of gastrointestinal events. The documentation did indicate that the injured worker having gastrointestinal events however, the provider failed to indicate the frequency and duration of medication on the request that was submitted. There was lack of documentation of conservative care outcome measures such as, home exercise regimen. The provider failed to indicate long-term functional goals, medication pain management outcome measurements for the injured worker. Given the above, the request for Protonix 20 mg # 60 is not medically necessary.

Protonix 20mg #60: Upheld

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

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

Decision rationale: Prilosec is recommended for patients taking NSAIDs who are at risk of gastrointestinal events. The documentation did indicate that the injured worker having gastrointestinal events however, the provider failed to indicate frequency and duration of medication on the request that was submitted. There was lack of documentation of conservative care outcome measurements such as, home exercise regimen. The provider failed to indicate long-term functional goals, medication pain management outcome measurements for the injured worker. Given the above, the request for Protonix 20mg # 60 is not medically necessary.

Transcutaneous Electrical Nerve Stimulation (TENS) Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 114-116.

Decision rationale: Chronic Pain Medical Treatment Guidelines does not recommend a tens unit as a primary treatment modality, but a one-month home-based Tens trial may be considered

as a noninvasive conservative option, if used as an adjunct to a program of evidence based functional restoration and other ongoing pain treatment including medication usage. It also states that the tens unit is recommended for neuropathic pain including diabetic neuropathy and post-herpetic neuralgia. The guidelines recommends as a treatment option for acute post-operative pain in the first thirty days post-surgery. The injured worker had previous massage therapy and chiropractic treatment, the outcome measurements were not provided. The provider failed to indicate long- term functional restoration goals for the injured worker. In addition, the request failed to indicate frequency and location where the Tens unit should be used on the injured worker. Given the above, the request for transcutaneous electrical nerve stimulation (TENS) unit is not medically necessary.