MAXIMUS Federal Services

Case Number:	CM14-0070568		
Date Assigned:	07/14/2014	Date of Injury:	02/25/2010
Decision Date:	08/27/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/15/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 48-year-old male who reported an injury on 02/25/2010. The mechanism of injury was not provided for clinical review. Diagnoses included musculoligamentous sprain/strain of the lumbar spine, musculoligamentous sprain/strain of the right knee, status post arthroscopic surgery on 08/25/2010, musculoligamentous sprain/strain of the left knee, status post arthroscopic surgery on 12/27/2011, and degenerative joint disease, medial compartment, bilateral knees. Previous treatments included surgery, medication, MRI, and physical therapy. Within the clinical note dated 04/02/2014, it was reported that the injured worker complained of sharp shooting pains that radiated down his legs. The injured worker complained of soreness and tightness of the lower back. On physical examination, the provider noted tenderness to palpation of the right side of the lumbar paraspinal musculature. The provider noted the injured worker's range of motion of the thoracolumbar spine was limited. The injured worker had a negative straight leg raise test. The request submitted is for cyclobenzaprine comfort pack and Prilosec. The rationale for the request was not provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Cyclobenzaprine Comfort Pac, #30 QTY:3 (dispensed 4-2-14): 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 Muscle Relaxants Page(s): 63, 64.

Decision rationale: The injured worker complained of sharp shooting pains, which radiated down his legs. He complained of soreness and tightness on his low back. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbation in patients with chronic low back pain. The Guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication for an extended period of time since at least 04/2014, which exceeds the Guideline recommendation of short-term use of 2 to 3 weeks. The request submitted failed to provide the frequency of the medication. Therefore, the request for Retrospective: Cyclobenzaprine Comfort Pac, #30 QTY: 3 (dispensed 4-2-14) is non-certified.

Retrospective: Prilosec 20mg, #60 QTY:3 (dispensed 4-2-14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment of dyspepsia secondary to NSAID therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The injured worker complained of sharp shooting pains that radiated down his legs. He complained of soreness and tightness of his lower back. The California MTUS Guidelines note proton pump inhibitors such as Prilosec are recommended for injured workers at risk for gastrointestinal events and/or cardiovascular disease. The risk factors for gastrointestinal events include: over the age of 65; history of peptic ulcer, gastrointestinal bleeding, or perforation; use of corticosteroids and/or anticoagulants. In the absence of risk factors for gastrointestinal bleeding events, proton pump inhibitors are not indicated when taking NSAIDs. The treatment of dyspepsia from NSAID usage includes stopping the NSAID, switching to a different NSAID, or adding an H2 receptor antagonist or proton pump inhibitor. There is a lack of documentation indicating the injured worker had a history of peptic ulcer, gastrointestinal bleed, or perforation. It did not appear the injured worker is at risk for gastrointestinal events. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, there is a lack of documentation indicating the injured worker had a diagnosis of dyspepsia secondary to NSAID therapy. Therefore, the request for Retrospective: Prilosec 20mg, #60 QTY: 3 (dispensed 4-2-14) is non-certified.