

Case Number:	CM14-0071515		
Date Assigned:	07/16/2014	Date of Injury:	08/26/2010
Decision Date:	09/08/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/16/2014

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 Occupational Medicine 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:

According to the records made available for review, this is a 43-year-old male with an 8/26/10 date of injury. At the time (4/18/14) of the Decision for Anaprox DS 550mg BID, Fexmid 7.5mg, and Prilosec 20mg BID, there is documentation of subjective (low back pain with radicular complaints) and objective (tenderness to palpation over the lumbar spine with increased muscle rigidity, numerous trigger points throughout the lumbar paraspinal muscles, decreased lumbar range of motion, decreased Achilles reflexes, and decreased sensation along the posterolateral thigh and posterolateral calf in the L5-S1 distribution) findings, current diagnoses (lumbar disc protrusion with left lower extremity radiculopathy, left ankle instability status post reconstruction x3, and status post lumbar fusion), and treatment to date (ongoing therapy with Anaprox with increase in functioning, Fexmid since at least November 2013 with decrease in myospasms and increase in functioning, and Prilosec with decrease in medication induced gastritis symptoms). In addition, 6/17/14 medical report identifies a diagnosis of medication induced gastritis and that Prilosec helps reduce gastritis symptoms. Regarding Fexmid 7.5mg, there is no documentation of acute exacerbation of chronic low back pain and short-term (less than two weeks) treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS 550mg BID: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The MTUS Chronic Pain Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. Within the medical information available for review, there is documentation of diagnoses of lumbar disc protrusion with left lower extremity radiculopathy, left ankle instability status post reconstruction x3, status post lumbar fusion, and medication induced gastritis. In addition, there is documentation of chronic pain. Furthermore, given documentation of ongoing treatment with Anaprox with increase in functioning, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Anaprox. Therefore, based on guidelines and a review of the evidence, the request for Anaprox DS 550mg BID is medically necessary.

Fexmid 7.5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: The MTUS Chronic Pain Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. The ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of lumbar disc protrusion with left lower extremity radiculopathy, left ankle instability status post reconstruction x3, status post lumbar fusion, and medication induced gastritis. In addition, there is documentation of chronic low back pain. Furthermore, given documentation of decrease in myospasms and increase in functioning with use of Fexmid, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Fexmid. However, there is no documentation of acute exacerbation of chronic low back pain. In addition, given documentation of ongoing treatment with Fexmid since at November 2013, there is no documentation of short-term (less than two weeks) treatment. As such, the request is not medically necessary and appropriate.

Prilosec 20mg BID: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs use, (Proton pump inhibitor (PPI) Page(s): 68. Decision based on Non-MTUS Citation FDA (Omeprazole).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs).

Decision rationale: The MTUS Chronic Pain Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. The ODG identifies documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. Within the medical information available for review, there is documentation of diagnoses of lumbar disc protrusion with left lower extremity radiculopathy, left ankle instability status post reconstruction x3, status post lumbar fusion, and medication induced gastritis. In addition, there is documentation of chronic NSAID therapy, risk for gastrointestinal event, and preventing gastric ulcers induced by NSAIDs (medication induced gastritis). As such, the request is medically necessary and appropriate.