

Case Number:	CM14-0074212		
Date Assigned:	07/16/2014	Date of Injury:	12/15/1983
Decision Date:	09/08/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/22/2014

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 Internal 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:

Patient is an injured worker with lumbar degenerative disc disease status post lumbar surgery. Date of injury was 12-15-1983. Progress report dated 10-29-2001 documented the medication Flexeril and a history peptic ulcer disease. Progress note dated April 17, 2014 documented the patient's complaints of chronic low back pain with radicular symptoms to the bilateral lower extremities. He has been receiving OxyContin, Methadone, Elavil, Cymbalta, Lyrica, Mobic, Flexeril, Colace, and Nexium. The patient's medications help manage symptoms so that he can conduct activities of daily living. The patient reports improved sleep with the use of Elavil and Nexium is necessary to alleviate gastric upset from medication use. The patient rated his pain as 9/10 without medications and 4-5/10 with medications. The claimant has a signed pain contract and has not exhibited any apparent behaviors. On examination, there is some slight tenderness to palpation in the lower thoracic paraspinal region and throughout the lumbar spine and bilateral lumbar paraspinal regions. Lumbar range of motion was deferred. The seated straight leg raise was positive on the left. The claimant had 2/4 testing with bilateral hip flexion, 3/5 testing at the left knee and 3+/5 at the right knee, 4/5 with ankle dorsiflexion and long toe extension bilaterally. Sensation was reduced diffusely throughout the left lower extremity. Saliva drug testing. Progress note dated April 17, 2014 documented a history of GERD and peptic ulcer disease. Utilization review decision date was 05-12-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meloxicam Tab 7.5mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Meloxicam (Mobic), Inflammatory drugs, NSAIDs Page(s): 61, 63, 72.

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines address Meloxicam (Mobic) a non-steroidal anti-inflammatory drug (NSAID). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests) is recommended. Routine blood pressure monitoring is recommended. NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. Progress note dated April 17, 2014 documented the patient's complaints of chronic low back pain with radicular symptoms to the bilateral lower extremities. He has been receiving OxyContin, Methadone, Elavil, Cymbalta, Lyrica, Mobic, Flexeril, Colace, and Nexium. Progress report dated 10-29-2001 documented a history peptic ulcer disease. Progress note dated April 17, 2014 documented a history of GERD and peptic ulcer disease. Utilization review decision date was 05-12-2014. No blood pressure measurements or laboratory results were documented in the medical records. The medical records do not support the use of Meloxicam (Mobic) which is a NSAID. Medical records indicate long term use of Meloxicam with a history of peptic ulcer disease, and no blood pressure or laboratory test results documented. Per MTUS guidelines, Meloxicam is not recommended in this context. Therefore, the request for Meloxicam Tab 7.5mg #60 with 2 refills is not medically necessary.

Cyclobenzaprine Tab 10mg #45 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 49, Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Muscle Relaxants Page(s): 41-42, 63-66.

Decision rationale: Medical treatment utilization schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to

a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Chronic Pain Medical Treatment Guidelines state that Cyclobenzaprine (Flexeril) is an option for a short course of therapy. Treatment should be brief. The addition of Cyclobenzaprine to other agents is not recommended. FDA guidelines state that Cyclobenzaprine is indicated for acute musculoskeletal conditions. Cyclobenzaprine should be used only for short periods (up to two or three weeks) because adequate evidence of effectiveness for more prolonged use is not available. Patient is an injured worker with lumbar degenerative disc disease status post lumbar surgery. Date of injury was 12-15-1983. Progress report dated 10-29-2001 documented the medication Flexeril. Progress note dated April 17, 2014 documented the medication Flexeril. Medical records indicate long term use of Flexeril for chronic occupational injuries. MTUS, ACOEM, and FDA guidelines do not support the long term use of Flexeril (Cyclobenzaprine) for chronic conditions. Therefore, the request for Cyclobenzaprine Tab 10mg #45 with 1 refill is not medically necessary.