

Case Number:	CM14-0084354		
Date Assigned:	07/21/2014	Date of Injury:	06/19/2009
Decision Date:	08/26/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	06/06/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 41 year old male who sustained an injury on 06/19/09 when he slipped and fell injuring his neck and low back. The injured worker was ultimately diagnosed with lumbar radiculopathy secondary to degenerative disc disease. Prior conservative treatment included physical therapy and lumbar epidural steroid injections. The injured worker had also been followed by pain management and was prescribed medications including hydrocodone muscle relaxers and Pamelor. The injured worker was also utilizing Prilosec. As of 04/18/14 the injured worker continued to report complaints of pain in the head neck and low back with radiating symptoms through the left lower extremity. Pain scores were between 7 and 8/10 on visual analog scale. There was also complaints of muscle spasms numbness and tingling in loss of lumbar range of motion. At this visit the injured worker was utilizing Cymbalta 60mg, Pamelor 10mg, Prilosec 20mg, Norco 10/325mg and Skelaxin 800mg. On physical examination there was tenderness to palpation in the paraspinal musculature of the cervical spine and spasms in the lumbar spine paraspinal musculature. Range of motion was limited in the neck and low back. Sensation was decreased in the left calf and shin. The injured worker was recommended to continue with medications at this visit. There was a referral for multidisciplinary assessment. The injured worker had previously had diagnostic studies to rule out peptic ulcer disease. The injured worker had elevated blood urea nitrogen (BUN), creatinine ratios and elevated BUN on laboratory testing from 04/01/14. Prior urine drug screen testing was consistent with hydrocodone. The requested Skelaxin 800mg #10 Pamelor 10mg #30 and Prilosec 20mg #30 were denied by utilization review on 05/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

skelaxin 800mg Qty 10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

Decision rationale: In regards to the use of Skelaxin 800mg quantity 10, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, this reviewer would not have recommended ongoing use of this medication at this time.

pamelor 10mg Qty 30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-16.

Decision rationale: In regards to the use of Pamelor 10mg quantity 30, this reviewer would have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. Pamelor is a tricyclic antidepressant that is recommended for both depression secondary to the development of chronic pain as well as neuropathic pain. In this case, the injured worker did present with ongoing complaints of radicular symptoms in the left lower extremity secondary to degenerative disc disease. Given the claimant's complaints and diagnosis of lumbar radiculopathy, the use of antidepressant such as Pamelor would be supported per current evidence based guidelines. As such, this reviewer would recommend the request as medically necessary.

prilosec 20mg Qty 30: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, proton pump inhibitors.

Decision rationale: In regards to the request for Prilosec 20mg quantity 30, this reviewer would have recommended this medication as medically necessary based on clinical documentation submitted for review and current evidence based guidelines. The injured worker has a notable work up for gastrointestinal upset and possible reflux disease. Given the gastrointestinal complaints with oral medication use a proton pump inhibitor would be supported as medically necessary to avoid further complications from oral medications. Therefore this reviewer would have recommended this request as medically necessary.