MAXIMUS Federal Services

Case Number:	CM14-0173945		
Date Assigned:	12/15/2014	Date of Injury:	02/05/2006
Decision Date:	01/15/2015	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/22/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

This patient is a 42 year old female with a date of injury of 2/5/06. The listed diagnoses are discogenic lumbar condition with nerve studies showing S1 radiculopathy and chronic pain syndrome. According to progress report 9/11/14, the patient presents with low back pain that is rated as 7/10 on a daily basis. The pain radiates to bilateral lower extremities with numbness and tingling into the right foot and toe. She utilizes Norco and Lido Pro lotion for pain, Flexeril for spasms, and Protonix to treat stomach upset form taking medications.The patient reports that medications help decrease pain and allow her to be functional. The patient is currently not working. Examination revealed "lumbar flexion is to 30 degrees and extension to 15 degrees." The treating physician is requesting refill of mediations. The Utilization review denied the request on 9/23/14. Treatment reports from 1/22/14 through 10/9/14 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: This patient presents with low back pain that radiates into the right lower extremity. The current request is for Protonix 20mg #60. The MTUS Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal (GI) events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple non-steroidal anti-inflammatory drugs (NSAIDs). In this case, there is no indication that the patient is taking NSAID to consider the use of Prilosec. The patient has some irritation with taking Norco and Flexeril; therefore, the treating physician has prescribed Protonix to "treat upset stomach." There is no discussion in MTUS or Official Disability Guidelines (ODG) regarding use of Proton-pump inhibitors (PPIs) for side effects with taking Norco or Flexeril. Opiates and muscle relaxants typically do no cause gastritis type of GI side effects that can be treated with PPI's. The treating physician does not document other gastric problems, such as GERD to warrant the use of a PPI either. Therefore, this request is not medically necessary.

1 prescription of Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available).

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

Decision rationale: This patient presents with low back pain that radiates into the right lower extremity. The current request is for Flexeril 7.5 mg #60. The MTUS Guidelines page 63 regarding muscle relaxants states, "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exasperation in patients with chronic low back pain (LBP). Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) and pain with overall improvement. Efficacy appears to diminish over time, and prolonged use of some medication in this class may lead to dependence." The patient has been utilizing Flexeril for muscle spasms since 8/13/14. MTUS recommends muscle relaxants for short term use only. Therefore, this request is not medically necessary.