

Case Number:	CM14-0177725		
Date Assigned:	12/12/2014	Date of Injury:	07/31/2006
Decision Date:	01/16/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/27/2014

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 and Rehabilitation, 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 is a 33 year old male with a work injury dated 07/31/2006. The injured worker (IW) states he was carrying a 500 pound beam with co-workers when they dropped the beam, which caused him to take all the weight and fall 10 feet with the beam. He experienced low back pain and pain in both legs to his ankle. The only submitted record is dated 11/23/2011. At that time the IW was complaining of pain in the low back radiating to the buttocks and legs. He was also complaining of occasional pain in the left ankle with slight swelling. Physical exam noted tenderness along the lumbar para-spinous muscles with decreased sensation along the left medial leg. Straight leg raise test was positive bilaterally. Lasegue's bowstring flip tests were positive bilaterally, left side greater than right. Other complaints at that time were burning pain in his stomach and acid reflux problems. He was also being followed by psychiatry for insomnia. The IW was diagnosed with chronic lumbar sprain, with left greater than right sciatica. The following tests are noted in the report but are not in the submitted records: 5/02/2011 - MRI revealed L (lumbar) 5 - S (sacral) 1 degenerative disc desiccation and a 3 mm protrusion. It was noted there did not appear to be significant thecal sac or nerve root compression. On 05/07/09 the IW had a normal EMG/nerve conduction velocity study of the lower extremities and lumbar paraspinal areas. On 06/25/2009 MRI revealed transitional vertebral body identified and called S (sacral) 1 dis desiccation with a 3 mm central and slightly left sided disc protrusion noted at the L5-S1 level which abuts but does not compress the ventral aspect of the thecal sac as well as the descending left S 1 nerve roots. X-rays of the thoracic spine, lumbosacral spine, pelvis and left ankle and foot revealed overall osseous density as normal. The official report is not in the submitted records and dates are not available. Conservative care has included Medications, Three epidural steroid injections, Physical therapy (Number of visits and records not submitted), and modified activities/rest. Also noted in the visit notes were the denial of surgery (L5-S1) and

the request for additional physical therapy post-operative. According to the utilization review a request was submitted for Flexeril 7.5 mg # 60 with 3 refills, Prilosec 20 mg # 60 with 3 refills and one prescription for Norco 5/325 Mg # 60 with 3 refills. Norco was conditionally noncertified. A decision was issued on 10/07/2014 by utilization review deeming t Prilosec and Flexeril non- certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Prilosec 20mg, #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation University of Michigan Health System. Gastroesophageal reflux disease (GERD). Ann Arbor (MI): University of Michigan Health System; 2007 Jan. 10 p.

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

Decision rationale: This is a 33 year old male sustained a work injury dated 07/31/2006. Diagnoses include chronic lumbar sprain, with left greater than right sciatica. Conservative care has included Medications, Three epidural steroid injections, Physical therapy (Number of visits and records not submitted), and modified activities/rest. The 5/2/11 MRI revealed lumbar degenerative disc desiccation and a 3 mm protrusion without central canal, neural foraminal stenosis or nerve root compression. On 05/07/09 the IW had a normal EMG/nerve conduction velocity study of the lower extremities and lumbar paraspinal areas. The patient continues to treat for chronic ongoing pain symptoms with medication refills. Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any GI diagnosis or clinical findings to warrant this medication. The 1 prescription of Prilosec 20mg, #60 with 3 refills is not medically necessary and appropriate.

1 prescription of Flexeril 7.5mg, #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril (Cyclobenzaprine); Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 128.

Decision rationale: This is a 33 year old male sustained a work injury dated 07/31/2006. Diagnoses include chronic lumbar sprain, with left greater than right sciatica. Conservative care

has included Medications, Three epidural steroid injections, Physical therapy (Number of visits and records not submitted), and modified activities/rest. The 5/2/11 MRI revealed lumbar degenerative disc desiccation and a 3 mm protrusion without central canal, neural foraminal stenosis or nerve root compression. On 05/07/09 the IW had a normal EMG/nerve conduction velocity study of the lower extremities and lumbar paraspinal areas. The patient continues to treat for chronic ongoing pain symptoms with medication refills. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2006. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The 1 prescription of Flexeril 7.5mg, #60 with 3 refills is not medically necessary and appropriate.