

Case Number:	CM14-0186091		
Date Assigned:	11/14/2014	Date of Injury:	04/14/1999
Decision Date:	01/27/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/07/2014

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 Family Practice, 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 female patient with an injury date of 04/14/1999. The supporting documentation described the patient as permanent and stationary suffering with chronic effects of depression which is noted being directly attributed to industrial accident. A follow up physician's visit dated 05/19/2014 described the patient with complaint of continuing lower back pain which radiates down the right lower extremity. She has noted to have undergone a successful lumbar epidural injection on 12/12/2013 that provided 3.5 months of benefit with improved mobility and activity tolerance. The patient returns with low back complaints rated them a 6 out of ten in intensity and not properly managed with current pain regimen. She continues to utilize lumbar spinal cord stimulator that was implanted on 01/24/2011 and noted helping her with radicular symptom. She is also noted to have stopped all narcotic medications, uses the stimulator in the day time and utilizes Ultram ER, Neurontin and Topamax. She had reported getting good benefit while taking Lyrica, but still pending authorization. Her medical history showed chronic diarrhea secondary to medication use and depression for which she takes Zoloft and has participated in 10 behavioral psychotherapy sessions. Diagnostic studies to date showed most recent MRI of lumbar spine obtained 07/16/2010 revealed multilevel spondylosis. She was diagnosed with the following: cervical spine sprain/strain syndrome, status post anterior cervical fusion 09/09/2004, bilateral carpal tunnel syndrome status post release, lumbar spine strain/sprain syndrome, herniated nucleus pulposus at L4-5 and L5-S-1, bilateral lower extremity radiculopathy right greater than left, thoracic spine sprain/strain syndrome, reactionary depression/anxiety and SCS implant 01/24/2011. Requests for services for the following medications: Anaprox, Prilosec, Fexmed, Ultram, Dendracin, Lyrica, Zoloft, Lomotil and Lidoderm patch were made on several occasions 03/27/2014, 11/03/2014. The Utilization review denied the medications on 04/03/2014 as not meeting medical necessity requirements.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Anaprox DS 550mg #120 on 10/16/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen for chronic pain. In this case, there was no indication of Tylenol failure. There is no indication for combining it with other analgesics. In addition, long-term use can have renal and GI impairment. The claimant required to be on a proton pump inhibitor along with the Anaprox. In addition, there was no indication to combine Anaprox with an NSAID. The Anaprox as prescribed is not medically necessary.

Retrospective request for Fexmid 7.5mg #120 on 10/16/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril..

Decision rationale: According to the MTUS guidelines , Cyclobenzaprine (Fexmid) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Fexmid for over a month. Continued use is not medically necessary.

Retrospective request for Prilosec 20mg #120 on 10/16/2014: 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 NSAID.

Decision rationale: According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anti-coagulation/anti-platelet use. In this case, there is no documentation of GI events or anti-platelet use that would place the claimant at risk. Furthermore, the continued use

of NSAIDs as above is not medically necessary. Therefore, the continued use of Prilosec is not medically necessary.