

Case Number:	CM14-0202867		
Date Assigned:	12/15/2014	Date of Injury:	02/24/2013
Decision Date:	01/30/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/04/2014

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:

The 49 year old male injured worker suffered an industrial injury on 2/24/2013 when while at work he pushed a vehicle that had stalled injuring his back. The injured worker had conservative treatments consisting of physical therapy medications, chiropractic therapy and epidural steroid injections without improvement. On 3/11/2014 a magnetic resonance imaging revealed lumbar spine disc herniations at 2 levels. Currently the injured worker is awaiting authorization for lumbar fusion and decompression. Provider visits from 7/22/2014, 10/28/14 and 11/04/2014 reveal the injured worker complaining of severe pain 8/10 radiation to bilateral lower extremities and to the neck. The exam revealed decreased range of motion to the back with spasms, with numbness and tingling and tenderness to palpation. The leg raise was positive with muscle weakness to the right foot along with decreased sensation. Also there was an altered gait. He also had abnormal EMG/NCV. The current diagnoses included lumbar disc herniation with radiculopathy and lumbar degenerative disc disease. The UR decision on 11/17/2014 to deny authorization for Cyclobenzaprine cited that the medication was only indicated for spasms for the maximum of 2-3 weeks and not for long term use. The decision provided for a taper. The denial of Diclofenac was premised on no evidence of objective functional benefit in the documentation provided. The denial of Omeprazole was due to no medical necessity as the Diclofenac was no longer to be utilized and no longer needed to protect the stomach.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) 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 prescribed Flexeril for a prolonged period (greater than 7 days). Long-term use is not medically necessary.

Diclofenac XR 100 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: According to the guidelines, NSAIDs are recommended for second-line treatment after Acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than Acetaminophen for acute low back pain. They are recommended as an option for short-term symptomatic relief. This case there is no indication of Tylenol failure. The claimant had been on Diclofenac for several months. There is no indication of improvement in pain or function with the long-term use of Diclofenac. Continued use of Diclofenac is not medically necessary.

Omeprazole 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: According to the MTUS guidelines, Omeprazole 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 anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. In addition the Diclofenac above is not necessary which would reduce the need for a proton pump inhibitor. Therefore, the continued use of Omeprazole is not medically necessary.