

Case Number:	CM14-0207912		
Date Assigned:	12/19/2014	Date of Injury:	08/18/2008
Decision Date:	02/13/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/11/2014

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 Rehab 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 patient is a 41 year old male with date of injury 08/18/08. The treating physician report dated 10/28/14 (109) indicates that the patient presents with pain affecting his lumbar spine. The physical examination findings reveal tenderness to palpation over the bilateral paravertebral musculature with positive straight leg test, eliciting numbness and tingling radiating into bilateral feet and decreased range of motion. Prior treatment history includes LESI, acupuncture, TENS unit, home exercise, and medications. MRI findings reveal L5-S1 4mm disc desiccation and L4-L5 2mm disc desiccation. The current diagnoses are: 1. Lumbar Spine Musculoligamentous Sprain/ Strain with Bilateral Lower Extremity Radiculopathy 2. Psychiatric and Sleep Complaints The utilization review report dated 11/24/14 denied the request for Fexmid 7.5mg #60 and Axid 150mg #60 based on MTUS guideline recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: The patient presents with pain affecting his lumbar spine. The current request is for Fexmid 7.5mg #60. Fexmid (Cyclobenzaprine) is a muscle relaxant. The primary treating physician has been prescribing the patient this medication since at least 04/15/14. The MTUS guidelines state this medication is not recommended to be used for longer than 2-3 weeks." In this case the treating physician has prescribed this medication longer than the recommended timeline. The request is not medically necessary.

Axid 150mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System. Gastroesophageal reflux disease (GERD). Ann Arbor (MI): University of Michigan Health System; 2012 May. 12 p

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The patient presents with pain affecting his lumbar spine. The current request is for Axid 150mg #60. The treating physician states, "150 milligrams one tablet orally, twice per day. age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA " (111, 112) The MTUS Guidelines state that usage of a PPI is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. In this case, the treating physician has not documented that the patient is over the age of 65 or if the patient has had a history of peptic ulcers, GI bleeding, or perforation. The request is not medically necessary.