

<b>Case Number:</b>	CM14-0208639		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	08/06/2007
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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, 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:

The patient is a 56 year old female with the injury date of 08/06/07. The one report 06/10/14 does not contain much information about the patient's condition, medication history, treatment history, etc. The patient has mild to moderate low back pain at 4/10, radiating down her legs, left greater than right. The patient is currently taking Motrin, Atenolol, Flexeril, Gabapentin, Hydrochlorothiazine, Hydrocodone, lipitor, naproxen, Omeprazole and Tramadol. "With medication the pain is reduced 1/10." The patient is s/p L5-S1 and S3-S4 hardware replacement in August 2010, L5-S1 decompression in October 2009, L5-S1 fusion on 04/22/09 and L5-S1 hardware modification on 05/01/13. The patient is currently not working. The lumbar flexion is 39 degrees, extension is 24 degrees, and lateral bending is 25 degrees bilaterally. Urine drug screenings were performed on 06/25/14 and 07/14/14, with consistent results. The utilization review determination being challenged is dated on 11/19/14. One treatments report was provided on 06/10/14.

### 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 Muscle Relaxant.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

**Decision rationale:** The injured worker presents with pain and weakness in her lower back and lower extremities. The request is for Fexmid 7.5mg #60. The injured worker has been utilizing Fexmid since at least 06/10/14. MTUS guidelines page 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." In this case, the injured worker has been utilizing this medication since 06/10/14 and the treating physician does not indicate that this medication is to be used for a short-term. MTUS guidelines allow no more than 2-3 weeks of muscle relaxants to address flare up's. The request of Fexmid is not medically necessary.

**Naproxen Sodium 55mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs),.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67 and 68.

**Decision rationale:** The injured worker presents with pain and weakness in her lower back and lower extremities. The request is for Naproxen Sodium 55mg #60. The injured worker has been utilizing Naproxen since at least 06/10/14. MTUS guidelines page 67 and 68 recommend NSAIDs (non-steroidal anti-inflammatory drugs) as an option for short-term symptomatic relief. NSAIDs are effective for chronic LBP, MTUS also states. In this case, there are no reports that specifically discuss this request. The treating physician does indicate "with medication the pain is reduced [to] 1/10." This injured worker does suffer from chronic low back pain for which the uses of NSAIDs are indicated per MTUS. The request is medically necessary.

**Prilosec 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

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

**Decision rationale:** The injured worker presents with pain and weakness in her lower back and lower extremities. The request is for Prilosec 20mg #60. The injured worker has been utilizing Prilosec (Omeprazole) since at least 06/10/14. MTUS guidelines page 69 recommends prophylactic use of PPI's when appropriate GI assessments have been provided. The patient must

be determined to be at risk for GI events, such as age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). In this case, the treating physician does not provide any GI assessment to determine whether or not the injured worker would require prophylactic use of PPI. There is no documentation of any GI problems such as GERD or gastritis to warrant the use of PPI either. The request of Prilosec is not medically necessary.