

Case Number:	CM14-0217780		
Date Assigned:	01/21/2015	Date of Injury:	07/23/2014
Decision Date:	02/28/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 34-year-old male with a work related injury dated July 23, 2014. The documentation submitted for this review contained a physician's visit dated August 11, 2014 and no other visits after that date of service. In this visit, the worker was complaining upper and lower back pain. Pain was rated a six on a scale of ten and was constant and non-radiating and bilateral upper and lower back pain that was aching in nature and rated six. Pain was aggravated by bending and neck movement and was relieved by rest. Physical exam was remarkable for mild spasm and moderate tenderness in the bilateral cervical paraspinals and bilateral upper trapezius/levator scapula. Range of motion was limited with flexion, extension decreased and motor strength normal. There was also moderate tenderness in the bilateral lumbar paraspinals. The diagnoses at this visit included lumbar muscle strain, cervical spine sprain, thoracic spine strain and head contusion. Work restriction documented at this visit reflected the worker could return to modified duty and no bike riding. Physical therapy documentation dated September 5, 2014 reflected increased motion however increases in pain with return to work. The utilization review decision dated December 3, 2014 reflect that a UR request was submitted November 21, 2014 for Motrin, Prilosec, Fexmid and six sessions of acupuncture. The utilization review decision dated December 3, 2014 non-certified the request for Motrin 800mg, 90 count, Prilosec 20mg, 30 count and Fexmid 7.5mg, 60 count. The rationale for non-coverage of the Motrin was based on the guidelines that discomfort can be accomplished most safely by non-prescription medications or an appropriately selected non-steroidal anti-inflammatory drug appropriate along with adjustment of activity and use of thermal modalities such as ice and/or heat. In regards to

Ibuprofen, the guidelines state that doses should not exceed 3200mg/day. Dosage should be 400mg every four to six hours as needed and the request for 800mg is not within the recommended dosage, therefore the request was non-certified as not medically necessary. The Prilosec request was non-certified as not medically indicated at this time. The worker did not have any documented risk factors necessitating the use of a proton pump inhibitor. The use of NSAID's alone is not sufficient to support medical necessity when there are no documented risk factors and no cardiovascular disease. The guidelines recommend that Fexmid is an option for short term with effect greatest in the first four days. Treatment should be brief. The guidelines recommend short-term use of muscle relaxants for acute spasms and per the documentation, the worker had been on the medication for longer than recommended period.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Motrin 800mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List & Adverse Effects Page(s): 73.

Decision rationale: The claimant is a 34 year old male who is more than 6 months status post work related injury and continues to be treated for chronic pain. Oral NSAIDS (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain. Dosing of Ibuprofen should not exceed 3200 mg/day. In this case, the requested dosing is within guideline recommendations and therefore medically necessary.

30 Prilosec 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List & Adverse Effects Page(s): 68-71.

Decision rationale: The claimant is a 34 year old male who is more than 6 months status post work related injury and continues to be treated for chronic pain. Oral NSAIDS (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain. Dosing of Ibuprofen should not exceed 3200 mg/day. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. The claimant does not have identified risk factors for a GI event. He is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. He is taking a non-steroidal anti-inflammatory medication at a dose consistent with guideline recommendations. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy and the claimant is not being prescribed an SSRI (selective serotonin reuptake inhibitor) class medication. In this clinical

scenario, guidelines do not recommend that a proton pump inhibitor such as Prilosec be prescribed

60 Fexmid 7.5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), (2) Muscle Relaxants Page(s): 41, 63.

Decision rationale: The claimant is a 34 year old male who is more than 6 months status post work related injury and continues to be treated for chronic pain. Fexmid (Cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with chronic low back pain, short-term use only is recommended. In this case, there is no identified new injury or acute exacerbation and therefore Fexmid was not medically necessary.