

Case Number:	CM15-0005788		
Date Assigned:	01/20/2015	Date of Injury:	07/19/2012
Decision Date:	03/18/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/12/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is a 70 year old male, who sustained an industrial injury on 07/19/2012. He has reported back pain, pain in the wrists, and pain in the right knee and leg. The diagnoses have included lumbar facet arthropathy, myofascial pain, and low back pain. The MRI of the lumbar spine showed multilevel degenerative disc disease and facet arthropathy. Treatment to date has included oral pain medication, treatment with a pain specialist, lumbar facet injections and treatment with an orthopedic physician. Currently, the IW complains of low back pain. The pain score was rated at 6.10 on a 0 to 10 scale. Objectively he has decreased range of motion of the lumbar spine with tenderness and positive facet loading. The treatment plan included continuation of current medications his home exercise program and lumbar facet injections. The first lumbar facet injections resulted in significant decrease in pain, increased in physical function and reduction in medication utilization. The request for a repeat lumbar facet injections was non certified in 2014. On 12/18/2014 Utilization Review non-certified a request for Meloxicam 15mg #30 with 2 refills, noting the nonsteroidal anti-inflammatory medication are for short duration use and the IW is being prescribed refills with no documentation of efficacy with use. The MTUS, Chronic Pain Non-steroidal Anti-Inflammatory Drugs (NSAIDs), Osteoarthritis (including Knee & Hip) Guidelines was cited. On 12/18/2014 Utilization Review non-certified a request for Flexeril 7.5mg #90 with 2 refills, noting the use of this medication is for short-term treatment, specifically 2-3 weeks of use. There is no documentation of decreased pain or objective functional benefit and the medication is being prescribed chronically with no rationale for continued use. MTUS, Chronic Pain Muscle Relaxants (for pain), Antispasmodics,

Cyclobenzaprine (Flexeril) was cited. On 12/18/2014 Utilization Review non-certified a Prilosec 20mg #30 with 2 refills, noting there was no documentation of signs and symptoms that would provide rationale for its use. MTUS Chronic Pain NSAIDs, GI Symptoms & Cardiovascular Risk, was cited. On 01/12/2015, the injured worker submitted an application for IMR for review of the non-certified items.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meloxicam 15mg #30 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73. Decision based on Non-MTUS Citation Pain Chapter NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the development of cardiac, renal and gastrointestinal complications. It is recommended that the use of NSAIDs be limited to the lowest dose for the shortest periods. The records indicate that the patient is utilizing Meloxicam for the treatment of exacerbation of musculoskeletal pain. There is no documentation of NSAIDs related adverse effects. The request for lumbar facet injections that had previously decreased medication utilization was non certified. The criteria for the use of Meloxicam 15mg #50 2 refills was met.

Flexeril 7.5mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain), Antispasmodics, Cyclobenzaprine (Flex.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 63-66. Decision based on Non-MTUS Citation Pain Chapter Muscle Relaxants

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with opioids and sedatives. The records indicate that the patient had utilized Flexeril for a period longer than the guidelines recommended 4 to 6 weeks limit. The criteria for the use of cyclobenzaprine (Flexeril) 7.5mg #90 2 refills was not met.

Prilosec 20mg #30 with 2 refills: Overturned

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 9792.24.2 Page(s): 68-71. Decision based on Non-MTUS Citation Pain Chapter Proton Pump Inhibitors

Decision rationale: The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prophylaxis and treatment of gastritis during chronic NSAIDs treatment. Prophylactic treatment is indicated in the elderly and the patients with as history of gastrointestinal disease. The record indicate that this patient is 70 years old. The patient is on chronic NSAIDs for the treatment of severe musculoskeletal pain. The medication is efficacious for the previous of NSAIDs related gastritis. The criteria for the use of Prilosec 20mg #30 #2 refills was met.