

Case Number:	CM15-0006987		
Date Assigned:	01/22/2015	Date of Injury:	03/10/1995
Decision Date:	03/16/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/13/2015

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, California
 Certification(s)/Specialty: Family Practice

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 60 year old male patient, who sustained an industrial injury on March 10, 1995. He sustained the injury while carrying a battery back up unit. The diagnosis includes lumbar discogenic syndrome. Per the doctor's note dated 12/5/2014, he had major spasms preventing him from sitting. The physical examination revealed decreased range of motion and scar. The medications list includes flexeril, ultram and nexium. He has undergone L5-S1 fusion in 2000. He has had chiropractic visits, orthopedic bed and home exercise for this injury. On January 6, 2015 Utilization Review non-certified a Nexium 40mg take one daily quantity 90 and flexeril 10mg take one three times daily quantity 120, noting, Medical Treatment Utilization Schedule Guidelines was cited. The injured worker submitted an application for IMR for review of Nexium 40mg take one daily quantity 90, flexeril 10mg take one three times daily quantity 120, Nexium 40mg take one daily quantity 30, Flexeril 10mg take one three times a day as needed quantity 75 and Ultram 50mg take one every four hours as needed quantity 150.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium 40mg, take 1 daily #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment for Workers Compensation, Online Edition, Chapter: Pain (Chronic), Proton Pump Inhibitors (PPIs)

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

Decision rationale: Request: Nexium 40mg, take 1 daily #90 Nexium contains esomeprazole which is a proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited above, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPI's in: Patients at intermediate risk for gastrointestinal events; Patients at high risk for gastrointestinal events; Treatment of dyspepsia secondary to NSAID therapy; Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when- (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no evidence in the records provided that the patient had abdominal/gastric symptoms with the use of NSAIDs. The records provided do not specify any objective evidence of gastrointestinal disorders, gastrointestinal bleeding or peptic ulcer. The medical necessity of Nexium 40mg, take 1 daily #90 is not established for this patient.

Flexeril 10mg, take 1 three times daily #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Antispasmodics: Cyclobenzaprine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available), Page(s): page 64.

Decision rationale: Request: Flexeril 10mg, take 1 three times daily #120 Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic pain medical treatment guidelines, Cyclobenzaprine is Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease. According to the records provided patient had back spasm. According to the cited guidelines Flexeril is recommended for short term therapy and not recommended for longer than 2-3 weeks. The level of the pain with and without medications is not specified in the records provided. The need for Cyclobenzaprine Hydrochloride on a daily basis with lack of documented improvement in function is not fully established. Evidence of an acute exacerbation in a recent note is not specified in the records provided. The need for 120 tablets of flexeril 10mg, as submitted, was not deemed medically necessary. The medical necessity of Flexeril 10mg, take 1 three times daily #120 is not established for this patient.

