

Case Number:	CM15-0106308		
Date Assigned:	06/10/2015	Date of Injury:	09/12/2001
Decision Date:	07/13/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/02/2015

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, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 61 year old male who sustained an industrial injury on 09/12/2001. Current diagnoses include lumbosacral sprain/strain, lumbar disc herniation, spinal stenosis, degenerative disc disease, mechanical back pain, and dyspepsia. Previous treatments included medications. Report dated 01/29/2015 noted that the injured worker presented with complaints that included an acute flare up of low back and bilateral leg pain. It was noted that the injured worker had exhausted his supply of medication and was requesting refills. Pain level was not included. Physical examination was positive tenderness in the lumbar musculature, muscle spasms, decreased range of motion with pain, and straight leg raises elicits low back pain. The treatment plan included refilling medications, which included naproxen sodium, Protonix, Norco, and Flexeril. Disputed treatments include cyclobenzaprine, Protonix, and naproxen sodium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, Functional improvement. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Non-sedating muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 41-42 of 127.

Decision rationale: This claimant was injured now 14 years ago. There is lumbar back pain. There are periodic acute flares. No record of pain levels is noted. There is spasm, but the chronicity is not known. There is no mention of gastrointestinal issues. The MTUS recommends Flexeril (cyclobenzaprine) for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. In this case, there has been no objective functional improvement noted in the long-term use of Flexeril in this claimant. Long-term use is not supported. Also, it is being used with other agents, which also is not clinically supported in the MTUS. The request is not medically necessary

Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Proton pump inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 68 of 127.

Decision rationale: This claimant was injured now 14 years ago. There is lumbar back pain. There are periodic acute flares. No record of pain levels is noted. There is spasm, but the chronicity is not known. There is no mention of GI issues. The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (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). Sufficient gastrointestinal risks are not noted in these records. The request is appropriately non-certified based on MTUS guideline review. The request is not medically necessary.

Naproxen Sod 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 47, Chronic Pain Treatment Guidelines NSAIDs for chronic low back pain, Functional improvement Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Pain interventions and treatments 8 C.C.R. 9792.20 - 9792.26 Page(s): 60 and 67 of 127.

Decision rationale: This claimant was injured now 14 years ago. There is lumbar back pain. There are periodic acute flares. No record of pain levels is noted. There is spasm, but the

chronicity is not known. There is no mention of GI issues. The MTUS recommends NSAID medication for osteoarthritis and pain at the lowest dose, and the shortest period possible. The guides cite that there is no reason to recommend one drug in this class over another based on efficacy. Further, the MTUS cites there is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement. The MTUS guideline of the shortest possible period of use is clearly not met. Without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine, and moreover, to recommend this medicine instead of simple over the counter NSAID. The medicine is not medically necessary.