

Case Number:	CM15-0019399		
Date Assigned:	03/16/2015	Date of Injury:	04/28/2004
Decision Date:	04/17/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/03/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45-year-old male who sustained an industrial injury on 04/28/04. He reports low back pain radiating to down both legs with numbness and tingling. Diagnoses include lumbar discopathy with disc displacement and lumbar radiculopathy. Treatments to date include medications. In a progress note dated 11/29/14 the treating provider recommends continuing medications including Fexmid, Nalfon, Prilosec, Ultram, and a topical cream of Flurbiprofen/Menthol/camphor/Capsaicin. On 01/16/15 Utilization Review non-certified the Fexmid and Nalfon, citing MTUS guidelines, the Prilosec was also non-certified, citing ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid (Cyclobenzaprine) 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: This patient presents with continued low back pain radiating down the bilateral legs associated with numbness and tingling. The current request is for Fexmid (cyclobenzaprine) 7.5 mg #120. The MTUS Guidelines page 63 to 66 states, Muscle relaxants, for pain: Recommended 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. The medical file provided for review only includes one progress report dated 11/29/2014 which requested #120 of Fexmid. MTUS Guidelines supports the use of this medication for short course of therapy not longer than 2 to 3 weeks. Given that the request is for #120 indicates that this medication has been prescribed for long-term use. This request IS NOT medically necessary.

Nalfon (Fenoprofen Calcium) 400mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Anti-inflammatory medications Page(s): 22, 60.

Decision rationale: This patient presents with chronic low back pain that radiates into the lower extremities with numbness and tingling. The current request is for Nalfon (fenoprofen calcium) 400 mg #90. The MTUS Chronic Pain Medical Treatment Guidelines, page 22 for anti-inflammatory medications state, Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. It is unclear when the patient was first started on this medication as the medical file only includes one progress report dated 11/29/2014. The utilization review denied the request stating that there is no clinical documentation that these monitoring recommendations have been performed and that the patient has been monitored on routine basis. It is evident the patient has been utilizing this medication prior to 11/29/2014 as under treatment plan recommendation was made for patient to continue the use of Nalfon. In this case, recommendation for further use cannot be made as the treating physician has not provided any discussion regarding functional improvement or pain assessment with utilizing Nalfon. MTUS page 60 requires documentation of pain and functional changes when medications are used for chronic pain. Given the lack of discussion regarding medication efficacy, this medication IS NOT medically necessary.

Prilosec (Omeprazole DR) 20mg #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), online

version, Integrated Treatment/Disability Guidelines, Pain (Chronic), Proton Pump Inhibitors (PPIs).

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

Decision rationale: This patient presents with chronic low back pain that radiates into the bilateral lower extremities with numbness and tingling. The current request is for Prilosec (omeprazole DR) 20 mg #90. The MTUS Guidelines page 68 and 69 states that omeprazole is recommended with precaution for patients for gastrointestinal events including: ages greater than 65, history of peptic ulcer disease and GI bleeding or perforation, concurrent use of ASA or corticoid and/or anticoagulant, high-dose/multiple NSAID. The medical file provided for review includes one progress report dated 11/29/2014. The patient has been utilizing Nalfon; however, there is no discussion regarding GI issues such as gastritis, ulcers, or reflux that would require the use of this medication. Routine prophylactic use of PPI without documentation of gastric issue is not supported by the guidelines without GI risk assessment. The requested omeprazole IS NOT medically necessary.