

Case Number:	CM15-0138611		
Date Assigned:	07/28/2015	Date of Injury:	07/26/2006
Decision Date:	09/23/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/17/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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:

This 54 year old man sustained an industrial injury on 7-26-2006. The mechanism of injury is not detailed. Diagnoses include lumbar spine pain, sciatica and lumbar degenerative disc disease. Treatment has included oral medications. Physician notes on a doctor's first report of occupational illness or injury form dated 6-10-2015 show complaints of lumbar spine pain. The worker rates his pain 8 out of 10 without medications and 7 out of 10 with medications. Recommendations include Skelaxin, Aciphex, Tramadol, Norco, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800 mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Skelaxin 800mg #90 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are lumbar spine pain, sciatica; degenerative disc disease lumbar spine. Date of injury is July 26, 2006. Request for authorization is June 26, 2015. According to a first providers report dated June 10, 2015, the injured worker is being treated solely for the lumbar spine pain score 7/10. Current medications include tramadol, Norco and lisinopril. Objectively, there is tenderness to palpation with decreased range of motion. The treating provider prescribed Skelaxin 800 mg one TID # 90. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Treating provider exceeded the recommended guidelines by prescribing a one-month supply. Additionally, there is no documentation of acute low back pain or an acute exacerbation of chronic low back pain. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, treatment provided in excess of the recommended guidelines for short-term (less than two weeks) by prescribing a one month supply and no documentation of acute low back pain or acute exacerbation of chronic low back pain, Skelaxin 800mg #90 is not medically necessary.

Aciphex 20 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitor.

Decision rationale: Pursuant to the Official Disability Guidelines, Aciphex 20mg #30 is not medically necessary. Aciphex is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. Protonix, Dexilant and Aciphex should be second line PPIs. In this case, the injured worker's working diagnoses are lumbar spine pain, sciatica; degenerative disc disease lumbar spine. Date of injury is July 26, 2006. Request for authorization is June 26, 2015. According to a first providers report dated June 10, 2015, the injured worker is being treated solely for the lumbar spine pain score 7/10. Current medications include tramadol, Norco and lisinopril. Objectively, there is tenderness to palpation with decreased range of motion. There is no documentation of comorbid conditions or risk factors for gastrointestinal events. Specifically, there is no history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. There is no documentation of first-line proton pump inhibitor failed treatment. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, risk factors or co-morbid conditions for

gastrointestinal events and failed first-line proton pump inhibitor treatment failure,
Aciphex 20mg #30 is not medically necessary.