

Case Number:	CM15-0165440		
Date Assigned:	09/02/2015	Date of Injury:	08/05/2014
Decision Date:	10/06/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/24/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 female, who sustained an industrial injury on August 5, 2014, incurring upper and lower back injuries. She was diagnosed with cervical strain, thoracic strain, sciatica and lumbar strain. Treatment included anti-inflammatory drugs, proton pump inhibitor, muscle relaxants, transcutaneous electrical stimulation unit, hot and cold packs, and physical therapy and activity restrictions. Currently, the injured worker complained of ongoing low back pain interfering with her activities of daily living. The treatment plan that was requested for authorization included prescriptions for Diclofenac, Prevacid and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 75mg (3 times a day) qty: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69, 71, 112 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-73 Page(s): 68-73.

Decision rationale: The claimant sustained a work-related injury in August 2014 and is being treated for thoracic and low back pain. When seen, there was decreased range of motion with tenderness. Acupuncture was requested and medications were prescribed and included diclofenac 75 mg TID #60. Oral NSAIDs (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Recommended dosing of diclofenac is up to 150 mg per day. In this case, the requested dosing of 75 mg TID is in excess of guideline recommendations and is not medically necessary.

Prevacid 30mg qty: 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs, specific drug list & adverse effects, p68- 71, page 68-71 Page(s): 68 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-71 Page(s): 68-71.

Decision rationale: The claimant sustained a work-related injury in August 2014 and is being treated for thoracic and low back pain. When seen, there was decreased range of motion with tenderness. Acupuncture was requested and medications were prescribed and included diclofenac 75 mg TID #60. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when risk when NSAIDs are used. In this case, the claimant is over age 65 and is taking a nonselective non-steroidal anti-inflammatory medication at an excessive dose. In this clinical scenario, guideline recommendations include that a proton pump inhibitor such as Prevacid (lansoprazole) be prescribed. This request was medically necessary.

Flexeril 10mg qty: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63, page 41, 63 Page(s): 41 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63 Page(s): 41, 63.

Decision rationale: The claimant sustained a work-related injury in August 2014 and is being treated for thoracic and low back pain. When seen, there was decreased range of motion with tenderness. Acupuncture was requested and medications were prescribed. Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with more than 3 weeks of use. Muscle spasms are not documented. The request was not medically necessary.