

Case Number:	CM15-0182193		
Date Assigned:	09/23/2015	Date of Injury:	03/04/2004
Decision Date:	10/27/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/16/2015

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 55 year old female, who sustained an industrial injury on March 4, 2004. She reported low back pain. The injured worker was diagnosed as having lumbar facet arthropathy, status post microlumbar decompression, lumbar myofascial pain, lumbar retrolisthesis of the lumbar 5-sacral 1 region and left sacroiliac joint dysfunction. Treatment to date has included diagnostic studies, epidural injections x2, facet medial branch blocks (without relief), 24+ sessions each of acupuncture, physical therapy and chiropractic care, medications and work restrictions. It was noted she last worked in 2004. Currently, the injured worker continues to report low back pain radiating into the left thigh and left lower extremity with associated tingling and numbness, aggravated by sitting, standing or walking for long periods. The injured worker reported an industrial injury in 2004, resulting in the above noted pain. Evaluation on January 13, 2015, revealed continued pain. She rated her pain at 6-7 on a 1-10 scale. Medications including Norco, Zanaflex, Prilosec and Topamax were continued. Evaluation on July 27, 2015, revealed continued pain as noted with no significant changes since the last visit. She rated her pain at 6 on a 1-10 scale with 10 being the worst. Evaluation on August 24, 2015, revealed continued pain as noted. She reported "no significant changes" since the last visit. She rated her pain at 6-7 on a 1-10 scale with 10 being the worst. She reported the medications including Norco, Flexeril and Prilosec improved the symptoms mildly however allowed her to function without focusing on the pain. She reported taking laxatives for constipation secondary to medications. It was noted urinary drug screen from April 10, 2015, revealed findings consistent with expectations. Magnetic resonance imaging (MRI) on March 4, 2013, revealed pseudomeningocele secondary to postoperative changes of the lumbar spine and

residual mild spondylosis. Electrodiagnostic studies were noted to reveal normal nerve conduction findings and an abnormal EMG with chronic lumbar 5 denervation. The RFA included requests for Cyclobenzaprine 7.5mg quantity 60 and Omeprazole 20mg quantity 60 and was non-certified on the utilization review (UR) on September 14, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The claimant has a remote history of a work injury occurring in March 2004 and continues to be treated for chronic back pain. She was seen for medication refills on 08/24/15. She was having low back and left posterior thigh pain. She was having flare-ups of back pain radiating into the left groin. Medications are referenced as providing a mild decrease in pain and allowing her to function. Physical examination findings included decreased and painful lumbar spine range of motion with midline and paraspinal muscle tenderness. There was left sacroiliac joint tenderness with positive facet and single leg stork testing. Left Fabere and Gaenslen tests were positive. There was decreased lower extremity strength with normal sensation. There were lumbar muscle spasms with the left side more severe than right. Medications were refilled. A spinal cord stimulator was being considered. Prior medications had included Ketoprofen. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is no longer taking an oral NSAID. The continued prescribing of omeprazole is not considered medically necessary.

Cyclobenzaprine 7.5mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: The claimant has a remote history of a work injury occurring in March 2004 and continues to be treated for chronic back pain. She was seen for medication refills on 08/24/15. She was having low back and left posterior thigh pain. She was having flare-ups of back pain radiating into the left groin. Medications are referenced as providing a mild decrease in pain and allowing her to function. Physical examination findings included decreased and painful lumbar spine range of motion with midline and paraspinal muscle tenderness. There was left sacroiliac joint tenderness with positive facet and single leg stork testing. Left Fabere and

Gaenslen tests were positive. There was decreased lower extremity strength with normal sensation. There were lumbar muscle spasms with the left side more severe than right. Medications were refilled. A spinal cord stimulator was being considered. Prior medications had included Ketoprofen. 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, there was no acute exacerbation and the quantity being prescribed is consistent with ongoing long-term use. It appears ineffective as the claimant has ongoing muscle spasms. Continued prescribing is not considered medically necessary.