

Case Number:	CM15-0186384		
Date Assigned:	09/28/2015	Date of Injury:	02/01/2005
Decision Date:	11/03/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/22/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 56-year-old female, who sustained an industrial injury on February 1, 2005. The injured worker was currently diagnosed as having discogenic low back pain with progression of disease, carpal tunnel syndrome on the left, carpal tunnel syndrome on the right status post release, wrist joint inflammation on the right, triggering along the long finger on the right side and element of sleep, stress and depression due to chronic pain and inactivity. Treatment to date has included diagnostic studies, injection, brace, transcutaneous electrical nerve stimulation unit, hot and cold wrap and medication. A facet injection to the low back on the right side of midline provided 70% improvement. An injection to the right wrist provided short-term relief at 50% with recurrence of the problem. On August 13, 2015, the injured worker complained of numbness, tingling and pain radiating from the wrist to the elbow on the right side. She also reported issues with sleep, sexual dysfunction, headaches and gastrointestinal irritation related to her condition. On the day of exam, the injured worker received an injection of Marcaine, Lidocaine and Depo-Medrol to the long finger on the right side. The treatment plan included Vicodin, a repeat 10-panel urine screen, Neurontin, Naproxen, Aciphex, Tramadol ER and Flexeril. On August 25, 2015, utilization review denied a request for Aciphex 20mg #30. A request for Flexeril 7.5mg #60 was modified to Flexeril 7.5mg #30. A request for Naproxen 550mg #60 and Neurontin 600mg #90 was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aciphex 20mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Online, Pain, Proton Pump Inhibitors (PPIs).

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

Decision rationale: The California chronic pain medical treatment guidelines states that NSAID therapy and proton pump inhibitors (PPI) are recommend with precautions. Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or a anti-coagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastro duodenal lesions. Patients with no risk factor and no cardiovascular disease, non-selective NSAIDs are okay (e.g., Ibuprofen, Naproxen, etc.). Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200mg four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. There is no documentation provided that places this patient at intermediate or high risk that would justify the use of a PPI. There is no mention of current gastrointestinal or cardiovascular disease. For these reasons, the criteria set forth above per the California MTUS for the use of this medication has not been met. Therefore, the request is not medically necessary.

Flexeril 7.5mg, #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): Muscle relaxants (for pain).

Decision rationale: The California chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain but rather ongoing back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not medically necessary.