

Case Number:	CM15-0189101		
Date Assigned:	10/01/2015	Date of Injury:	09/11/1989
Decision Date:	11/10/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/25/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, 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 56 year old male who sustained an industrial injury September 11, 1989. Diagnoses are lumbar degenerative disc disease; lumbar spondylosis with unspecified osteoarthritis complication; post laminectomy syndrome; muscle spasm of both lower extremities. According to a nurse practitioner's notes at the pain management clinic dated August 19, 2015, the injured worker presented for a (6) month medication follow-up. He reported numbness to his lateral thighs with cramps in the distal legs and muscle cramps to the lower lumbar region described as excruciating and worsened since the last visit. The leg numbness is a new finding since the last visit (6) months ago. He reports his Flexeril dose was adjusted from three times a day to two times a day by his primary care physician and Zanaflex 2mg (1) was ordered every (8) hours. The TENS (transcutaneous electrical nerve stimulation) unit provides improvement in his pain and ability to walk. He does significantly better with Flexeril TID (three times a day), Piroxicam 20mg daily, TENS unit daily and therapy. He had been taking Neurontin but was admitted to the hospital June 18, 2014, for chest pain and the medication was discontinued. In the past he has tried Nucynta, Butrans patch, Vicodin, Nortriptyline, Tylenol #3 all of which gave him side-effects. He is reporting a 65% improvement in pain with current medication. Physical examination included; gait is mildly antalgic and uses a cane; tenderness to the upper lumbar, paraspinal region with myofascial muscle tenderness and tightness; tenderness in the piriformis bilaterally with pain to the piriformis area when leg crossed to the medial aspect and pressure placed to the medial aspect of the knee, causing reproduction of pain; tenderness to the right iliotibial band with palpation. At issue, is the request for authorization dated August 26, 2015 for Flexeril and Piroxicam. According to

utilization review dated August 28, 2015, the request for TENS unit patches (4) each x (5) refills is certified. The requests for Flexeril 10mg TID (three times a day) x (5) refills and Piroxicam 20mg OD (once a day) x (5) refills are non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg TID x 5 refills: 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: Flexeril 10mg TID x 5 refills is not medically necessary for the client's chronic medical condition. The peer-reviewed medical literature does not support long-term use of cyclobenzaprine in chronic pain management. Additionally, Per CA MTUS Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) As per MTUS, the addition of cyclobenzaprine to other agents is not recommended. In regards to this claim, cyclobenzaprine was prescribed for long-term use and in combination with other medications. Cyclobenzaprine is therefore, not medically necessary.

Piroxicam 20mg QD x 5 refills: 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 (non-steriodal anti-inflammatory drugs).

Decision rationale: Piroxicam 20mg QD x 5 refills is not medically necessary. Per MTUS guidelines page 67, NSAIDS are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain so to prevent or lower the risk of complications associate with cardiovascular disease and gastrointestinal distress. The medical records do no document the length of time the claimant has been on Naproxen. Additionally, the claimant had previous use of NSAIDs. The medication is not medically necessary.