MAXIMUS Federal Services

Case Number:	CM15-0192077		
Date Assigned:	10/06/2015	Date of Injury:	05/22/2015
Decision Date:	11/12/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/30/2015

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(n) 43 year old male, who sustained an industrial injury on 5-22-15. The injured worker was diagnosed as having cervical degenerative disc disease, thoracic degenerative disc disease, lumbar degenerative disc disease and right lower extremity radiculopathy. Medical records (6-22-15 through 7-17-15) indicated 5 out of 10 pain in his lower back and numbness and tingling of the bilateral upper extremities. The physical exam (5-28-15 through 7-17-15) revealed tenderness to lumbar paraspinal muscles, "limited" lumbar range of motion and a positive seated straight leg raise at 90 degrees. As of the PR2 dated 7-29-15, the injured worker reports pain in his lower back and neck. He rates his pain 5-7 out of 10. Objective findings include a positive seated straight leg raise on the right with pain radiating into the L5 dermatome, cervical extension is 30 degrees, right rotation is 80 degrees and left rotation is 60 degrees. Current medications include Ibuprofen (since at least 6-3-15) and Cyclobenzaprine (since at least 6-3-15). Treatment to date has included physical therapy x 6 visits and Prednisone. On 9-2-15, the treating physician requested a Utilization Review for Cyclobenzaprine 5mg #30 x 3 refills and Ibuprofen 800mg #90 x 5 refills. The Utilization Review dated 9-10-15, non-certified the request for Cyclobenzaprine 5mg #30 x 3 refills and Ibuprofen 800mg #90 x 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5mg # 30, with 3 refills, requested 9-2-15: Upheld

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

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 section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) 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. Also 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. (Homik, 2004) (Chou, 2004) 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 for ongoing and chronic 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.

Ibuprofen 800mg #90, with 5 refills, requested 9-2-15: Overturned

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-steroidal anti-inflammatory drugs).

Decision rationale: The California chronic pain medical treatment guidelines section on NSAID therapy states: Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) This medication is recommended for the shortest period of time and at the lowest dose possible. The dosing of this medication is within the California MTUS guideline recommendations. The definition of shortest period possible is not clearly defined in the California MTUS. Therefore, the request is medically necessary.