MAXIMUS Federal Services

Case Number:	CM15-0197643		
Date Assigned:	10/13/2015	Date of Injury:	10/12/2012
Decision Date:	11/19/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/07/2015

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: New Jersey
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 47 year old male, who sustained an industrial injury on 10-12-2012. The injured worker is being treated for thoracolumbar and coccyx pain, status post left foot surgery (2014) chronic bilateral foot pain with traumatic plantar fasciitis, right foot surgical repair (2013), right knee pain status post arthroscopic surgery (4-24-2015), and anxiety and depression due to pain. Treatment to date has included right knee surgery, medications, physical therapy and psychotherapy. Per the Primary Treating Physician's Progress Report dated 7-16-2015 the injured worker reported low back, bilateral foot and ankle pain. Current medications included Norco 5- 325mg, Prilosec and Tizanidine. Objective findings documented "no significant change." On 5- 21-2015 and 6-18-2015 the IW reported significant relief of pain with the use of Norco 5-325mg. Use of the medication allows him to do his exercise program for rehabilitation and decreases his pain from 7 out of 10 to 4 out of 10 in intensity. On 5-21-2015 it is noted that the medication does upset his gastroesophageal reflux disease (GERD) but this is relieved with the use of Prilosec. On 4-27 2015 he was taking Norco 7.5-325mg for increased pain and reported, "Quite a bit of stomach upset and has not been able to get the Prilosec." A prescription was written for Prilosec. As per the note dated of 7-16-2015 the IW is not working. He was taken of temporary total disability and could return to full-duty regarding the left knee but he still has problems with his lower back and has lower back restrictions. The plan of care included medications and authorization was requested for Norco 5-325mg #60, Prilosec 20mg #30, and Flexeril 10mg #60. On 9-28-2015, Utilization Review non-certified the request for Prilosec 20mg #30 and modified the request for Flexeril 10mg #60 and Norco 5-325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 MG #30 with 1 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors (PPIs).

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. The ODG states that decisions to use PPIs long-term must be weighed against the risks. The potential adverse effects of long-term PPI use include B12 deficiency; iron deficiency; hypomagnesemia; increased susceptibility to pneumonia, enteric infections, and fractures; hypergastrinemia, and cancer. H2-blockers, on the other hand have not been associated with these side effects in general. In the case of this worker, the Prilosec was initiated many months prior due to the aggravation of the worker's preexisting GERD symptoms. However, it was not clear in the notes if the worker was able to use a weaker antacid such as an H2-blocker if it is to be used as needed, which was suggested in the notes provided. The Prilosec has more side effect risk and with no record of NSAID use or any other history suggestive of an elevated gastrointestinal event risk, the Prilosec cannot be justified. Therefore, this request for continuation will be considered medically unnecessary. Weaning over 1-2 weeks may be indicated.

Flexeril 10 MG #60 with 1 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, the records showed ongoing use of tizanidine. However, at the time of this request, it was noted that the tizanidine was denied and Flexeril was then recommended to replace the tizanidine to be used on a regular chronic basis as was the case with the tizanidine. Both of these drugs are not indicated for chronic, regular use

and so switching to a different muscle relaxant is not going to change the likelihood of it being justified, considering the Guidelines recommendations to not use muscle relaxants chronically. Therefore, this request for Flexeril will be considered medically unnecessary.