

Case Number:	CM15-0201627		
Date Assigned:	10/16/2015	Date of Injury:	06/09/2015
Decision Date:	12/02/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/13/2015

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: Texas, California

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:

This is a 42 year old male patient who sustained an industrial injury 06-09-15. He sustained the injury while trying to pick up something. The diagnoses include left lumbar radiculopathy, lumbar myofascial pain, and rule out discogenic injury. Per the doctor's note dated 08-27-15, he had complaints of pain in the low back with numbness and spasm, radiating down the left leg. The physical exam revealed diffuse tenderness to palpation with guarding in the thoracolumbar spine, range of motion- forward bending 80, extension 10 degrees, positive straight leg raising test on the left at 45 degrees, pain free range of motion of all joints of both lower extremities; normal strength, sensation and reflexes in both lower extremities. The medications list includes fexmid, anaprox and protonix. Prior treatment includes physical therapy, medications including ibuprofen and hydrocodone. The original utilization review (09-17-15) non certified the retroactive requests from 08-27-15 for Protonix 20mg #90 and modified the request for Fexmid 7.5mg #90 to #63. These medications were new medications as of 08-27-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: MRI Lumbar spine. Per the ACOEM Low Back Guidelines, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)." Per the records provided the physical examination revealed normal strength, sensation and reflexes in both lower extremities. The records provided do not specify any progression of neurological deficits for this patient. Evidence of red flags is not specified in the records provided. Evidence of abnormal electro-diagnostic study with abnormal neurological findings is not specified in the records provided. A recent lumbar spine X-ray report is also not specified in the records provided. The medical necessity of MRI Lumbar Spine is not fully established for this patient at this juncture. Therefore, the request is not medically necessary.

Retro (DOS 8/27/15): Fexmid 7.5mg #90: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Retro (DOS 8/27/15): Fexmid 7.5mg #90 Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is more effective than placebo in the management of back pain." According to the records provided, patient had pain in the low back with numbness and spasm, radiating down the left leg and the physical exam revealed diffuse tenderness to palpation with guarding in the thoracolumbar spine. The patient has chronic pain with abnormal objective exam findings. According to the cited guidelines, cyclobenzaprine is recommended for short-term therapy. Short-term or prn use of cyclobenzaprine in this patient for acute exacerbations would be considered reasonable appropriate and necessary. The request for Retro (DOS 8/27/15): Fexmid 7.5mg #90 was medically necessary and appropriate to use as prn during acute exacerbations.

Retro (DOS 8/27/15): Protonix 20mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Retro (DOS 8/27/15): Protonix 20mg #90 Protonix contains pantoprazole which is a proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited above, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in "Patients at intermediate risk for gastrointestinal events. Patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when "(1) age 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." There is no evidence in the records provided that the patient has any abdominal/gastric symptoms with the use of NSAIDs. The records provided do not specify any objective evidence of gastrointestinal disorders, gastrointestinal bleeding or peptic ulcer. The medical necessity of Retro (DOS 8/27/15): Protonix 20mg #90 was not established for this patient. Therefore, the request is not medically necessary.