MAXIMUS Federal Services

Case Number:	CM15-0202527		
Date Assigned:	10/19/2015	Date of Injury:	06/17/1995
Decision Date:	12/07/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/15/2015

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 York
Certification(s)/Specialty: Anesthesiology

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 female, who sustained an industrial injury on 6-17-1995. The injured worker is undergoing treatment for: lumbar degenerative disc disease. On 8-7-15, she reported low back pain with radiation into the mid back and left leg. She rated her pain severity 6 and had a brief pain inventory score of 7. She is reported as "making great progress". She has lost 70 pounds, and indicated she was lowering Avinza. She described her pain as moderate- severe, cramping, hot-burning, and scraping. Her worst pain for the last week is noted as 9, least pain 6 and average 6. She indicated sitting, standing to worsen the pain. Her functional status is reported as "recumbent bike every day for one hour daily as well as abdominal strengthening exercises." Physical examination revealed lumbar spine flat, flexed at hip and range of motion to lumbar spine "is nil", deep tendon reflexes for the left knee are absent. On 9-17-15, she reported low back pain with radiation to the lower extremity. She rated her pain 7 out of 10. She reported attempting to lower her opiate doses. The records do not indicate a current discussion of the efficacy of prescribed medications. The treatment and diagnostic testing to date has included: CURES (date unclear), urine toxicology (date unclear) reported as within normal limits, sleeping in a fetal position, lumbar fusion (date unclear). Medications have included: Avinza, Dilaudid, Vistaril, Baclofen, Dexilant, Synthroid, Ativan, Lunesta, Provigil, and Diclofenac. The records indicate she has been utilizing Baclofen and Dexilant since at least May 2015, possibly longer. Current work status: unclear. The request for authorization is for: Baclofen 10mg quantity 90, Dexilant DR 60mg, Diclofenac 50mg quantity 90, Misoprostol (cytotec) 0.2mg quantity 90. The UR dated 10-9-2015: non-certified the requests for Baclofen 10mg quantity 90, Dexilant DR 60mg, Diclofenac 50mg quantity 90, Misoprostol (cytotec) 0.2mg quantity 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg quantity 90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Baclofen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Muscle relaxants (for pain), Baclofen.

Decision rationale: The California MTUS Guidelines and the ODG recommends non-sedating muscle relaxants, such as Baclofen, with caution as a second-line option for short-term treatment of acute low back pain(LBP), and for short-term (<2 weeks) treatment of acute exacerbations in patients with chronic LBP. The mechanism of action is blockade of the pre- and post-synaptic GABA receptors. It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. It is also a first-line option for the treatment of dystonia. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain. In this case, there is no documentation of the frequency with which the medication should be taken. In addition, the cited guidelines do not recommend this medication to be used for longer than 2-3 weeks. Medical necessity for the requested medication has not been established. The requested item is not medically necessary.

Dexilant DR 60mg: Upheld

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

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) PPIs.

Decision rationale: According to the CA MTUS, proton pump inhibitors (PPIs), such as Dexilant (Dexlansoprazole), are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. There is no documentation indicating the patient has any GI symptoms or GI risk factors. In this case, Diclofenac was not found to be medically necessary. Medical necessity for Dexilant has not been established. The requested medication is not medically necessary.

Diclofenac 50mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs.

Decision rationale: Misoprostol (Cytotec) is approved for use in the prevention of NSAID-induced gastric ulcers. It acts upon gastric parietal cells, inhibiting the secretion of gastric acid by G-protein coupled receptor-mediated inhibition of adenylate cyclase, which leads to decreased intracellular cyclic AMP levels and decreased proton pump activity at the apical surface of the parietal cell. Because other classes of drugs, especially H2-receptor antagonists and proton pump inhibitors, are more effective for the treatment of acute peptic ulcers, misoprostol is only indicated for use by people who are both taking NSAIDs and are at high risk for NSAID-induced ulcers, including the elderly and people with ulcer complications. Misoprostol is sometimes co-prescribed with NSAIDs to prevent their common adverse effect of gastric ulceration. In this case, the use of Diclofenac has not been supported. The requested medication is not medically necessary.

Misoprostol (Cytotec) 0.2mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine (2014).

Decision rationale: Misoprostol (Cytotec) is approved for use in the prevention of NSAID-induced gastric ulcers. It acts upon gastric parietal cells, inhibiting the secretion of gastric acid by G-protein coupled receptor-mediated inhibition of adenylate cyclase, which leads to decreased intracellular cyclic AMP levels and decreased proton pump activity at the apical surface of the parietal cell. Because other classes of drugs, especially H2-receptor antagonists and proton pump inhibitors, are more effective for the treatment of acute peptic ulcers, misoprostol is only indicated for use by people who are both taking NSAIDs and are at high risk for NSAID-induced ulcers, including the elderly and people with ulcer complications. Misoprostol is sometimes co-prescribed with NSAIDs to prevent their common adverse effect of gastric ulceration. In this case, the use of Diclofenac has not been supported. The requested medication is not medically necessary.