

Case Number:	CM15-0202570		
Date Assigned:	10/19/2015	Date of Injury:	07/25/2014
Decision Date:	11/30/2015	UR Denial Date:	10/07/2015
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: Arizona, 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:

The injured worker is a 57 year old male, who sustained an industrial-work injury on 7-25-14. He reported initial complaints of back pain. The injured worker was diagnosed as having lumbosacral strain, lumbar spondylosis with disc bulging at L4-5 and L5-S1 with foraminal stenosis, chronic L5 nerve root irritability bilaterally, bilateral foraminal stenosis at L5-S1 with left foraminal disc herniation. Treatment to date has included medication, facet blocks (no relief), and diagnostics. Currently, the injured worker complains of pain in back pain with residual leg pain. Per the primary physician's progress report (PR-2) on 9-29-15, exam noted slow but full range of motion of the lumbar spine with some discomfort, tenderness to palpation, positive facet loading, and trigger points noted. Current plan of care includes medication and surgery. The Request for Authorization requested service to include Mobic 15 mg Qty 30, Flexeril 7.5 mg Qty 90, and Protonix 20 mg Qty 30. The Utilization Review on 10-7-15 denied the request for Mobic 15 mg Qty 30, Flexeril 7.5 mg Qty 90, and Protonix 20 mg Qty 30, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic 15 mg Qty 30: 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 rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for several months (including prior Ibuprofen use) and required the use of a PPI. Pain scores were not routinely noted. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Continued use of Mobic is not medically necessary.

Flexeril 7.5 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

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

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for a prolonged period in combination with Mobic. Continued use of Flexeril (Cyclobenzaprine) is not medically necessary.

Protonix 20 mg Qty 30: 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 (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 116.

Decision rationale: According to the MTUS guidelines, Protonix is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. In addition, continued use of Mobic (NSAID) as above is not necessary. Therefore, the continued use of Protonix is not medically necessary.