

Case Number:	CM15-0203345		
Date Assigned:	10/20/2015	Date of Injury:	04/08/2014
Decision Date:	12/04/2015	UR Denial Date:	09/18/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49 year old, male who sustained a work related injury on 4-8-14. A review of the medical records shows he is being treated for low back pain. In SOAP Notes dated 7-14-15 and 8-12-15, the injured worker reports constant, moderate low back pain with numbness, tingling and weakness in the right leg and foot. He describes the pain as sharp, throbbing and burning. He rates the pain level an 8 out of 10. On physical exam dated 8-12-15, he has tenderness to palpation over the right lumbar paraspinal muscles with spasms. He has tenderness at the right sciatic notch. He has decreased lumbar range of motion. He has a positive right leg raise seated and supine at 50 degrees. He has decreased sensation in the right L4 and L5 dermatomes in legs. Treatments have included lumbar epidural steroid injections and medications. Current medications include Menthoderm gel, Omeprazole and Cyclobenzaprine. It is noted that he stopped taking Naproxen due to side effects. There is no documentation that he has gastrointestinal pain or risk factors for gastrointestinal problems. He is currently not working. The treatment plan includes requests for medication refills. In the Utilization Review dated 9-18-15, the requested treatments of Omeprazole 20mg twice per day #60, Cyclobenzaprine 10mg twice per day #60 and Anaprox 550mg twice per day #60 are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60 (DOS 8/4/15): 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 rationale: Based on the 07/14/15 progress report provided by treating physician, the patient presents with moderate low back pain with numbness, tingling and weakness in the right leg and foot rated 8/10. The request is for Omeprazole 20mg #60 (DOS 8/4/15). Patient's diagnosis per Request for Authorization form dated 08/04/15 includes displacement of lumbar intervertebral disc without myelopathy, and unspecified thoracic or lumbosacral neuritis or radiculitis. Physical examination of the lumbar spine on 07/14/15 revealed spasm and tenderness to palpation to the right paraspinal muscles and tenderness to the right sciatic notch. Range of motion was decreased. Straight leg raise test positive on the right, and decreased sensation in the right L4 and L5 dermatomes. Treatment to date has included lumbar ESI's and medications. Patient's medications include Omeprazole and Cyclobenzaprine. The patient is temporarily totally disabled, per 07/14/15 report. MTUS guidelines, NSAIDs, GI symptoms & cardiovascular risk section, pages 68-69 states that "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Omeprazole has been included in patient's medications per progress reports dated 05/19/15, 06/16/15, and 07/14/15. It is not known when this medication was initiated. Anaprox was included in progress report dated 05/19/15. Prophylactic use of PPI is indicated by MTUS, and the patient has been on NSAID therapy. However, treater has not provided GI risk assessment for prophylactic use of PPI, as required by MTUS. Provided progress reports do not show evidence of gastric problems, and there is no mention of GI issues. Furthermore, MTUS requires a record of pain and function when medications are used for chronic pain and physician monitoring. This request is not in accordance with guideline indications. Therefore, this retrospective request is not medically necessary.

Cyclobenzaprine 10mg #60 (DOS 8/4/15): Upheld

Claims Administrator 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), Pain, Non-sedating muscle relaxants.

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

Decision rationale: Based on the 07/14/15 progress report provided by treating physician, the patient presents with moderate low back pain with numbness, tingling and weakness in the right leg and foot rated 8/10. The request is for Cyclobenzaprine 10mg #60 (DOS 8/4/15). Patient's diagnosis per Request for Authorization form dated 08/04/15 includes displacement of lumbar intervertebral disc without myelopathy, and unspecified thoracic or lumbosacral neuritis or radiculitis. Physical examination of the lumbar spine on 07/14/15 revealed spasm and tenderness to palpation to the right paraspinal muscles and tenderness to the right sciatic notch. Range of motion was decreased. Straight leg raise test positive on the right, and decreased sensation in the right L4 and L5 dermatomes. Treatment to date has included lumbar ESI's and medications.

Patient's medications include Omeprazole and Cyclobenzaprine. The patient is temporarily totally disabled, per 07/14/15 report. MTUS, Muscle relaxants for pain Section, pg 64 states that Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. Amitriptyline). This medication is not recommended to be used for longer than 2-3 weeks." MTUS, Cyclobenzaprine (Flexeril) Section, page 41 states: "Recommended as an option, using a short course of therapy." Cyclobenzaprine has been included in patient's medications per progress reports dated 05/19/15, 06/16/15, and 07/14/15. It is not known when this medication was initiated. MTUS recommends Cyclobenzaprine only for a short period (no more than 2-3 weeks). The patient has been prescribed this medication at least since 05/19/15, which is 4 months from UR date of 09/18/15. Furthermore, the request for quantity 60 does not indicate intended short-term use of this medication. This request is not in accordance with guidelines. Therefore, this retrospective request is not medically necessary.

Anaprox 550mg #60 (DOS 8/4/15): 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): Anti-inflammatory medications.

Decision rationale: Based on the 07/14/15 progress report provided by treating physician, the patient presents with moderate low back pain with numbness, tingling and weakness in the right leg and foot rated 8/10. The request is for Anaprox 550mg #60 (DOS 8/4/15). Patient's diagnosis per Request for Authorization form dated 08/04/15 includes displacement of lumbar intervertebral disc without myelopathy, and unspecified thoracic or lumbosacral neuritis or radiculitis. Physical examination of the lumbar spine on 07/14/15 revealed spasm and tenderness to palpation to the right paraspinal muscles and tenderness to the right sciatic notch. Range of motion was decreased. Straight leg raise test positive on the right, and decreased sensation in the right L4 and L5 dermatomes. Treatment to date has included lumbar ESI's and medications. Patient's medications include Omeprazole and Cyclobenzaprine. The patient is temporarily totally disabled, per 07/14/15 report. MTUS Guidelines on anti-inflammatory page 22 states, "Anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long term use may not be warranted." Anaprox has been included in patient's medications per progress report dated 05/19/15. It is not known when this medication was initiated. Given the patient's continued pain, Anaprox would appear to be indicated for the patient's low back pain. However, per 07/14/15 report, treater states "Stopped Gabapentin, Naproxen and Tramadol due to side effects." There is no discussion why treater is requesting a medication that has been stopped due to side effects. Furthermore, treater has not documented medication efficacy, as required by MTUS page 60. Therefore, this retrospective request is not medically necessary.