

Case Number:	CM15-0217903		
Date Assigned:	11/09/2015	Date of Injury:	02/13/2004
Decision Date:	12/22/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	11/05/2015

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: North Carolina

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 55 year old female who sustained an industrial injury on 2-13-04. Medical records indicate that the injured worker has been treated for bilateral sacroilitis; lumbar and cervical radiculopathy; lumbar facet arthropathy; cervical spondylosis; muscle spasms; chronic pain syndrome. She currently (10-12-15) complains of constant cervical spine pain radiating down both upper extremities with a pain level of 7 out of 10 without medication and 4 out of 10 with medication; increasing constant pain to the sacrum with a pain level of 7 out of 10 without medication and 3 out of 10 with medication; constant lumbar spine pain radiating down both legs with a pain level of 7 out of 10 without medication and 4 out of 10 with medication. Physical exam of the cervical spine revealed tenderness to palpation, limited range of motion; lumbar spine revealed tenderness to palpation over the spinous processes and bilateral sacroiliac joints, decreased range of motion, positive Patrick's, Faber's and Gaenslen's tests, positive straight leg raise on the left and right in sitting position, decreased sensation to pinprick over the left L5 dermatomal distribution. Medications are managing pain so that she can perform activities of daily living per 6-8-15 through 10-12-15 notes. Pain levels and physical exams were consistent from 6-8-15 through 10-12-15. There was no documentation of gastrointestinal issues. Diagnostics include MRI of the lumbar spine (7-16-14) showing posterior disc bulge, mild disc desiccation; electromyography-nerve conduction study (5-19-14) of upper and lower extremities consistent with left L5 radiculopathy and upper extremities normal. Treatments to date include sacroiliac joint corticosteroid injections (10-1-15) without significant improvement; medications: Norco, cyclobenzaprine since at least 6-8-15, Anaprox, omeprazole since at least 1-20-15: (past): baclofen; home exercise program; physical therapy;

acupuncture. The request for authorization dated 10-8-15 was for Flexeril 7,5mg #90; bilateral sacroiliac joint cortisone injection under fluoroscopy times 1. On 10-16-15 Utilization Review non-certified the requests for cyclobenzaprine 7.5 mg #90 (9-14-15), modified to #15; omeprazole 20mg #30 (9-14-15); bilateral sacroiliac joint cortisone injection under fluoroscopy times 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg 3 times daily needed as needed (rx 09/14/15) qty: 90: Upheld

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

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

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back and cervical neck pain, but rather for ongoing and chronic back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore the request is not medically necessary.

Omeprazole 20mg daily (rx 09/14/15) qty: 30: Upheld

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

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

Decision rationale: The California chronic pain medical treatment guidelines section on NSAID therapy and proton pump inhibitors (PPI) states: Recommend with precautions as indicated below. 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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastro

duodenal lesions. Recommendations: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, Ibuprofen, Naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg Omeprazole daily) or Misoprostol (200 ug four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. There is no documentation provided that places this patient at intermediate or high risk that would justify the use of a PPI. There is no mention of current gastrointestinal or cardiovascular disease. For these reasons the criteria set forth above per the California MTUS for the use of this medication has not been met. Therefore the request is not medically necessary.

Bilateral sacroiliac joint cortisone injections under fluoroscopy qty: 2: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) SI joint injections.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states that SI joint injection is only indicated if there is failure of conservative therapy for 6-8 weeks and clear signs n physical exam of SI joint pathology. The provided physical exam does not clearly indicate the SI joint as the source of the pain and therefore the request is not medically necessary.