

Case Number:	CM15-0220213		
Date Assigned:	11/13/2015	Date of Injury:	01/09/1991
Decision Date:	12/31/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	11/09/2015

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, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 61 year old male, who sustained an industrial injury on 1-9-91. Medical records indicate that the injured worker is undergoing treatment for degeneration of lumbar intervertebral disc, lumbosacral spine radiculitis, gastroesophageal reflux disease and depression. The injured worker has a history of a hypertension, high cholesterol, myocardial infarction, atrial fibrillation and congestive heart failure. The injured workers work status was not identified. On (7-21-15) the injured worker complained of constant bilateral low back pain, which varied in intensity. Associated symptoms include bilateral lower extremity weakness, numbness in the bilateral lower extremities, constipation and urinary retention. The pain is aggravated by carrying, lifting, standing and walking. The pain is better with lying down. Examination of the lumbar spine revealed tenderness to palpation over the paraspinal muscles overlying the facet joints on both sides. Plus muscle spasms over the lower paraspinal muscles. Range of motion was within normal limits except for flexion, which was 30 degrees and extension 10 degrees. A straight leg raise test was negative. Treatment and evaluation to date has included medications, intrathecal fusion pump, psychotherapy and multiple low back surgeries. Current medications include Oxybutynin ER (since at least December of 2014), Nexium (since at least December of 2014), Baclofen (since at least December of 2014), Amitiza, Aripiprazole, Atorvastatin, Carvedilol, Cephalexin, Chlorhexidine Gluconate, Desonide, Doxycycline, Econazole, Effexor, Furosemide, Hydromorphone, Latuda, Lisinopril, Potassium Chloride, Spironolactone, Tamsulosin, Tikosyn, Wellbutrin and Xarelto. The current treatment requests are for Baclofen 20mg, Nexium 40mg and Oxybutynin ER 15mg. The Utilization Review documentation dated 10-13-15 modified the requests to Baclofen 20mg #20 (original request Baclofen 20mg), Nexium 40mg times a one month supply (original request Nexium 40mg) and Oxybutynin ER 15mg times a one month supply (original request Oxybutynin ER 15mg).

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 20mg: Overturned

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

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

Decision rationale: The injured worker sustained a work related injury on 1-9-91. The medical records provided indicate the diagnosis of degeneration of lumbar intervertebral disc, lumbosacral spine radiculitis, gastroesophageal reflux disease and depression. Treatments have included intrathecal fusion pump, psychotherapy and multiple low back surgeries. Current medications include Oxybutynin ER (since at least December of 2014), Nexium (since at least December of 2014), Baclofen (since at least December of 2014), Amitiza, Aripiprazole, Atorvastatin, Carvedilol, Cephalexin, Chlorhexidine Gluconate, Desonide, Doxycycline, Econazole, Effexor, Furosemide, Hydromorphone, Latuda, Lisinopril, Potassium Chloride, Spironolactone, Tamsulosin, Tikosyn, Wellbutrin and Xarelto. The medical records provided for review do indicate a medical necessity for Baclofen 20mg. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Baclofen is a muscle relaxant used in the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. However, although the medical records indicate injured worker has used this medication for about a year, the report indicates he had an infected intra-thecal pump that worsened the spasms. Therefore, the requested treatment is medically necessary at this stage.

Nexium 40mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Pain Procedure Summary.

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

Decision rationale: The injured worker sustained a work related injury on 1-9-91. The medical records provided indicate the diagnosis of degeneration of lumbar intervertebral disc, lumbosacral spine radiculitis, gastroesophageal reflux disease and depression. Treatments have included intrathecal fusion pump, psychotherapy and multiple low back surgeries. Current medications include Oxybutynin ER (since at least December of 2014), Nexium (since at least

December of 2014), Baclofen (since at least December of 2014), Amitiza, Aripiprazole, Atorvastatin, Carvedilol, Cephalexin, Chlorhexidine Gluconate, Desonide, Doxycycline, Econazole, Effexor, Furosemide, Hydromorphone, Latuda, Lisinopril, Potassium Chloride, Spironolactone, Tamsulosin, Tikosyn, Wellbutrin and Xarelto. The medical records provided for review do not indicate a medical necessity for Nexium 40mg. Nexium is a proton pump inhibitor. The MTUS recommends that (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 Aspirin). The medical records indicate the injured worker suffers from gastrointestinal re-flux disease, which places him at high risk if he is being treated with NSAIDs. However, the records indicate the injured worker has used this medication for at least one year. The MTUS states that long-term use of proton proton inhibitors (greater than one year) has been shown to increase the risk of hip fracture. Besides, the medical records do not indicate the injured worker is currently being treated with NSAIDs; therefore, the requested treatment is not medically necessary at this stage.

Oxybutynin extended release 15mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation U.S. National Library of Medicine MedlinePlus, Oxybutynin
<https://www.nlm.nih.gov/medlineplus/druginfo/meds/a682141.html>.

Decision rationale: The injured worker sustained a work related injury on 1-9-91. The medical records provided indicate the diagnosis of degeneration of lumbar intervertebral disc, lumbosacral spine radiculitis, gastroesophageal reflux disease and depression. Treatments have included intrathecal fusion pump, psychotherapy and multiple low back surgeries. Current medications include Oxybutynin ER (since at least December of 2014), Nexium (since at least December of 2014), Baclofen (since at least December of 2014), Amitiza, Aripiprazole, Atorvastatin, Carvedilol, Cephalexin, Chlorhexidine Gluconate, Desonide, Doxycycline, Econazole, Effexor, Furosemide, Hydromorphone, Latuda, Lisinopril, Potassium Chloride, Spironolactone, Tamsulosin, Tikosyn, Wellbutrin and Xarelto. The medical records provided for review do indicate a medical necessity for Oxybutynin extended release 15mg. The MTUS and the Official Disability Guidelines are silent on it, but Medline Plus, published by the National Library of medicine, and several other pharmacological materials describe it as, a medication used to treat overactive bladder (a condition in which the bladder muscles contract uncontrollably and cause frequent urination, urgent need to urinate, and inability to control urination). The medical records indicate the injured worker has a low back disorder that involves the nerves to his bladder; therefore, the requested treatment is medically necessary.