

Case Number:	CM15-0223941		
Date Assigned:	11/20/2015	Date of Injury:	12/18/2009
Decision Date:	12/30/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	11/13/2015

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: 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 43 year old male, who sustained an industrial injury on 12-18-2009. He has reported injury to the low back. The diagnoses have included lumbago; lumbar disc displacement without myelopathy; thoracic or lumbosacral neuritis or radiculitis not otherwise specified; and post-laminectomy syndrome of lumbar region. Treatment to date has included medications, diagnostics, TENS (transcutaneous electrical nerve stimulation) unit, lumbar radiofrequency ablation, physical therapy, and surgical intervention. Medications have included Motrin, Norco, Zorvolex, Neurontin, and Prilosec. A progress report from the treating physician, dated 10-08-2015, documented a follow-up visit with the injured worker. The injured worker reported lower back pain; the pain is rated as 7 out of 10 in intensity; since the last visit, his pain level has increased moderately; he states that the medications are working well and he is taking them as prescribed; he still has pain symptoms on a continuous basis, but they are somewhat alleviated by current medications; the pain is in his lower back and left leg; the pain travels down his left leg; he feels no relief from traction, physical therapy, exercise, and TENS unit, and moderate relief from surgery (2011) and by two nerve block injections on his back (2010). Objective findings included restricted lumbar ranges of motion; tenderness is noted on both the sides of the lumbar paravertebral muscles; lumbar spine incision is tender to touch from surgery, on 08-15-2013; positive Kemp's maneuver; and positive facet-generated pain. The treatment plan has included the request for Zorvolex 35mg twice per day #60; and Prilosec 20mg daily #60. The original utilization review, dated 10-15-2015, non-certified the request for Zorvolex 35mg twice per day #60; and Prilosec 20mg daily #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zorvolex 35mg twice per day #60: Upheld

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

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of NSAIDs, including Zorvolex (diclofenac), as a treatment modality. In general, these guidelines state that NSAIDs are recommended for acute exacerbations of moderate to severe pain. The specific recommendations are as follows: Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. Back Pain: Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. In patients with axial low back pain, this same review found that NSAIDs were not more effective than acetaminophen for acute low-back pain, and that acetaminophen had fewer side effects. Back Pain: Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another. In this case, the records indicate that Zorvolex is being used as a long-term treatment strategy for this patient's symptoms. As noted above, only short-term use is recommended. There is no evidence that long-term use in this patient is associated with improved function or less reliance on other medications. For these reasons, Zorvolex is not medically necessary.

Prilosec 20mg daily #60: Upheld

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

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of proton pump inhibitors, including Prilosec, in the treatment of patients taking NSAIDs. In general, proton pump inhibitors are used in patients who are at moderate to high-risk of

serious gastrointestinal side effects from NSAIDs to include GI bleeding, ulcers and perforation. The MTUS guidelines state that clinicians should weight the indications for NSAIDs against the following GI risk factors. These risk factors include the following: (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). In patients deemed to be at low-risk, the guidelines indicate that proton pump inhibitors are not necessary. In this case, the records indicate that the patient has none of the above-cited risk factors. For this reason, Prilosec is not medically necessary.