

Case Number:	CM15-0035540		
Date Assigned:	03/04/2015	Date of Injury:	10/15/2012
Decision Date:	04/14/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/25/2015

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, 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:

This is a 41 year old female patient, who sustained an industrial injury on October 15, 2012. She sustained the injury while lifting heavy boxes at work. The diagnoses have included lumbar degenerative disc disease at L4-5 and L5-S1 with left lateral disc protrusion, lumbar radiculopathy with left L5 and left S1 nerve root impingement, chronic lumbar sprain/strain with myofascial pain problem and gastritis related to medication intake. Per the doctor's note dated 1/15/2015, she had low back pain with radiation to the lower extremity. The physical examination revealed tenderness and decreased range of motion of the lumbar spine and decreased sensation in left lower extremity. Per the note dated 12/3/2014, she had complains of stabbing pain in the low back with radiation to her right leg. The physical examination revealed tenderness in epigastric region. The medications were noted to be beneficial with no side effects reported. The current medications list includes flexeril, gabapentin, metformin and prilosec. She has had lumbar MRI on 11/28/2012, which revealed left paracentral and lateral disc protrusion and an L5-S1 mild left lateralizing disc protrusion. Treatment to date has included heat, ice, stretching, epidural steroid injection, medication, diagnostic studies, chiropractic treatment and exercise. Her epidural steroid injection provided her at least 70% pain relief. On January 26, 2015, Utilization Review non-certified Flexeril 10mg #90 and Prilosec 20mg #30, noting the CA MTUS Guidelines. On February 25, 2015, the injured worker submitted an application for Independent Medical Review for review of Flexeril 10mg #90 and Prilosec 20mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg Qty 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

Decision rationale: Request: Flexeril 10 mg Qty 90. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic pain medical treatment guidelines, Cyclobenzaprine is "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease." According to the records provided patient had chronic low back pain with lower extremity radiculopathy. Physical examination revealed tenderness and restricted range of motion of the lumbar spine. She had a lumbar MRI with abnormal findings. Therefore, the patient has chronic pain with significant objective exam findings. According to the cited guidelines, Flexeril is recommended for short-term therapy. Short term or prn use of cyclobenzaprine in this patient for acute exacerbations would be considered reasonable appropriate and necessary. The request for Flexeril 10 mg Qty 90 is medically appropriate and necessary to use as prn during acute exacerbations.

Prilosec 20 mg Qty 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Request: Prilosec 20 mg Qty 30. Prilosec contains omeprazole which is a proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited above, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events, patients at high risk for gastrointestinal events, and treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when "(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)." Per the records provided patient had gastritis due to medications intake and per the note dated 12/3/2014, physical examination of the abdomen revealed tenderness over the epigastric region. Use of PPI like prilosec is recommended in such a patient.

