

Case Number:	CM15-0043582		
Date Assigned:	03/13/2015	Date of Injury:	08/15/2007
Decision Date:	05/04/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/09/2015

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: 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 59 year old male who sustained a work related injury August 15, 2007, to the back. Past history included hypertension and asthma, s/p right inguinal hernia repair 2009, and low back surgery, 2014. According to a secondary treating physician's progress report, dated December 17, 2014, the injured worker presented with complaints of constant low back pain, rated 9/10, radiating to the left lower extremity with numbness and tingling. Objective findings included lumbar range of motion; flexion 30 degrees, extension 10 degrees, right and left lateral flexion 10 degrees. Diagnoses are documented as lumbar spinal stenosis; lumbar radiculopathy; and s/p lumbar spine surgery May, 2014. Treatment plan included urine drug screen administered, a prescription for Norco, and Omeprazole and Cyclobenzaprine Hydrochloride were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective use of Omeprazole 20mg #60, DOS: 12/17/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC Pain Procedure Summary last updated 01/19/2014.

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

Decision rationale: The patient presents with low back pain radiating to the left lower extremity with numbness and tingling, rated 9/10. The request is for RETROSPECTIVE USE OF OMEPRAZOLE 20 MG #60, DOS 12/17/14. There is no RFA provided and the date of injury is 08/15/07. Per treater report 12/17/14, diagnoses included lumbar spinal stenosis, lumbar radiculopathy and lumbar spine status post-surgery 05/06/14. Physical examination to the lumbar spine revealed decreased range of motion, especially on extension, 10 degrees. Patient's medications included Omeprazole, Cyclobenzaprine, and Norco. The patient is temporarily totally disabled. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Regarding Omeprazole, or a proton pump inhibitor, MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis. Omeprazole was prescribed to the patient for gastrointestinal irritation per treater reports 07/16/14 through 12/17/14. MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present. In this case, there is no record or history of gastric problems, GI risks or complains of GI symptoms. The patient does not present with an indication for Omeprazole. Therefore, the retrospective request IS NOT medically necessary.

Retrospective use of Cyclobenzaprine Hydrochloride 7.5mg #60, DOS: 12/17/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary last updated 01/19/2014.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) chapter, Muscle relaxants (for pain).

Decision rationale: The patient presents with low back pain radiating to the left lower extremity with numbness and tingling, rated 9/10. The request is for RETROSPECTIVE USE OF CYCLOBENZAPRINE HYDROCHLORIDE 7.5MG #60, DOS 12/17/14. There is no RFA provided and the date of injury is 08/15/07. Per treater report 12/17/14, diagnoses included lumbar spinal stenosis, lumbar radiculopathy and lumbar spine status post-surgery 05/06/14. Physical examination to the lumbar spine revealed decreased range of motion, especially on extension, 10 degrees. Patient's medications included Omeprazole, Cyclobenzaprine, and Norco. The patient is temporarily totally disabled. ODG-TWC, Pain (Chronic) chapter, Muscle relaxants (for pain) states: ANTISPASMODICS: Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available): This drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. Per 12/17/14 report,

treater states, "Cyclobenzaprine is a muscle relaxant to be taken as directed for the treatment of muscle spasms and cramping." Cyclobenzaprine was included in treater reports 07/16/14 through 12/17/14. MTUS Guidelines do not recommend the use of Cyclobenzaprine for longer than 2-3 weeks. The use of Cyclobenzaprine has exceeded the 2-3 weeks recommended by MTUS guidelines. Therefore, the retrospective request for Cyclobenzaprine IS NOT medically necessary.

Retrospective review of urine drug screen/report, DOS: 12/17/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary last updated 01/19/2014.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioid management Page(s): 77. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

Decision rationale: The patient presents with low back pain radiating to the left lower extremity with numbness and tingling, rated 9/10. The request is for RETROSPECTIVE REVIEW OF URINE DRUG SCREEN/REPORT, DOS 12/17/14. There is no RFA provided and the date of injury is 08/15/07. Per treater report 12/17/14, diagnoses included lumbar spinal stenosis, lumbar radiculopathy and lumbar spine status post-surgery 05/06/14. Physical examination to the lumbar spine revealed decreased range of motion, especially on extension, 10 degrees. Patient's medications include Omeprazole, Cyclobenzaprine, and Norco. The patient is temporarily totally disabled. MTUS p77, under opioid management: (j) "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." ODG has the following criteria regarding Urine Drug Screen: "Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders." Per progress report dated 12/17/14, treater states, "A qualitative drug screen was administered to the patient to determine consistent medication management." The patient is currently utilizing Cyclobenzaprine and Norco. Prior urine drug screenings were performed per treater reports 07/16/14, 09/23/14, 10/22/14 and 10/31/14. The treater does not explain why the UDS needs to be certified and there is no discussion regarding opiate risk management. In addition, the treater has not documented that the patient is a high risk for adverse outcomes, or has active substance abuse disorder. There is no discussion regarding this patient being at risk for any aberrant behaviors. The requested urine toxicology screen IS NOT medically necessary.