

Case Number:	CM15-0059268		
Date Assigned:	04/03/2015	Date of Injury:	05/08/2011
Decision Date:	05/27/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/27/2015

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 46-year-old male with a reported date of injury on 05/08/2011; the mechanism of injury was not provided for review. The injured worker was diagnosed with low back pain, lumbar degenerative disc disease, lumbar stenosis, lumbar postlaminectomy syndrome, and chronic pain syndrome. Treatments to date were noted to include a back brace, physical therapy, use of a cane for walking, and medications including muscle relaxants, anti-epilepsy drugs, proton pump inhibitors, and anti-inflammatory drugs. On 10/30/2014, the injured worker had complaints of severe low back pain and burning radiating pain in the right lower extremity and thigh region. It was also noted that the injured worker had complaints of weakness to the right lower extremity to include complaints of giving way. At the time of examination the patient was taking several medications to include Norco, Lyrica, Robaxin, and Naprosyn. Additionally, the clinical note indicates that the injured worker had complaints of constipation for which he taking omeprazole. On physical examination, the injured worker had difficulty ambulating and had evidence of foot drop to the right lower extremity. Examination of the low back demonstrated flattening curvature. Straight Leg raise was negative bilaterally. Range of motion of the low back was restricted. There was normal motor strength in all muscle groups tested and normal heel and toe and tandem walking. The injured worker also demonstrated normal vibratory and proprioception and no abnormal reflexes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg #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 Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: According to the California MTUS Guidelines, proton pump inhibitors may be recommended in patients who are intermittent or high risk for gastrointestinal events to include patients over the age of 65-years; patients with a history of peptic ulcer, GI bleeding or perforation; patients prescribed an ASA, corticosteroids and/or anticoagulant; or patients taking high dose/multiple NSAIDs. There is lack of evidence within the documentation provided that the injured worker was at increased risk for gastrointestinal events. Additionally, it was noted this injured worker was taking this medication for constipation which is not an indication for the use of this medication. Additionally, there is no documentation in regards to the injured worker's objective therapeutic benefit with use of this medication. Therefore, the request for Prilosec 20 mg #60 is not medically necessary.

Lyrica 100 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 19-20.

Decision rationale: According to the California MTUS Guidelines, Lyrica may be recommended for treatment of diabetic neuropathy and postherpetic neuralgia as considered a first line treatment option for both of these conditions. There is lack of evidence within documentation that the injured worker has been diagnosed with diabetic neuropathy or postherpetic neuralgia that would benefit from use of the medication. While certain antiepileptic drugs such as gabapentin may be recommended for treatment of neuropathic pain, the treatment guidelines do not currently recommended Lyrica for the use of neuropathic pain when it is not associated with diabetic neuropathy or postherpetic neuralgia. Additionally, there is no indication within the documentation provided that the injured worker receives a therapeutic benefit with the use of this medication. Therefore, the request for Lyrica 100 mg #90 is not medically necessary.

Robaxin 500 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63.

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

Decision rationale: According to the California MTUS Guidelines, muscle relaxants may be recommended with caution as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain. There is lack of evidence with the documentation provided the injured worker is having an acute exacerbation of low back pain that would benefit from the use of medication. Additionally, it remains unclear how long the patient has been taking the medication and there is no documentation regarding the injured worker's therapeutic benefit while taking this medication. Therefore, the request for Robaxin 500 mg #120 is not medically necessary.

Motrin 800 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: According to the California MTUS Guidelines, non-steroidal anti-inflammatory drugs may be recommended for treatment of osteoarthritis, as a second line treatment option after acetaminophen for acute exacerbation of chronic low back pain, or for short term symptomatic relief of chronic low back pain. While it was noted in the documentation that the injured worker has chronic low back pain, there is lack of evidence for the documentation provided that the injured worker has received a measurable objective therapeutic benefit with the use of this medication. Therefore, the request for Motrin 800 mg #90 is not medically necessary.