

Case Number:	CM14-0118085		
Date Assigned:	09/12/2014	Date of Injury:	06/26/2008
Decision Date:	10/10/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 44 year-old male who has a history of a cumulative trauma low back pain work injury with date of injury of 08/26/10. He underwent a two level lumbar spine fusion on 05/14/13. A CT scan in April 2014 showed a possible pseudoarthrosis at L5-S1. He underwent a spinal cord stimulator trial on 05/23/14 referenced as very successful with 70% relief of back and leg pain. He had been able to decrease his use of Norco from eight down to four times per day. He was seen on 07/18/14 and was having ongoing low back pain radiating into both lower extremities. Pain was rated at 6-7/10 with medications which were MS Contin 15 mg two times per day, Norco 10/325 mg 6-8 times per day, Flexeril, and Prilosec 20 mg. Physical examination findings included appearing in moderate distress with a severely antalgic gait. He was using a walker. There was lumbar spine tenderness with multiple trigger points and decreased range of motion with muscle guarding. He had decreased lower extremity sensation with positive seated straight leg raising. Trigger point injections were performed. Norco 10/325 mg #240, naproxen 550 mg #60, Fexmid 7.5 mg #60, MS Contin 15 mg #60, and Prilosec 20 mg #60 were refilled. Other medications included Prozac 60 mg and Xanax 0.25 mg as needed. The note references having refills of Topamax from the previous visit. On 08/05/14 a block of the spinal hardware was being considered. He was having low back pain radiating into the left lower extremity with numbness and tingling. There had been benefit after a first epidural injection but with benefit lasting from a second for only two weeks. He was having occasional left foot and ankle pain, difficulty sleeping, and symptoms of stress, anxiety, and depression. Physical examination findings included paraspinal muscle spasm with decreased range of motion and positive straight leg raising. There was left ankle tenderness with swelling. He was continued at temporary total disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Muscle relaxants Page(s): 41, 63.

Decision rationale: The claimant is more than 4 years status post work-related injury, undergoing a lumbar fusion in May 2013 and a spinal cord stimulator trial one year later. He has a possible pseudarthrosis. He is being treated for a diagnosis of post-laminectomy syndrome which is an unfortunate condition that occurs in a small subset of patients who undergo spine surgeries/procedures as in this case but ultimately have a poor outcome. Medications include opioids at a total MED (morphine equivalent dose) of 120 - 150 mg per day. He is also being prescribed Fexmid and Naprosyn on a long term basis. Fexmid (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with chronic low back pain, short-term use only is recommended. In this case, there is no identified new injury or acute exacerbation and therefore Fexmid was not medically necessary.

Prilosec 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs: GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

Decision rationale: The claimant is more than 4 years status post work-related injury, undergoing a lumbar fusion in May 2013 and a spinal cord stimulator trial one year later. He has a possible pseudarthrosis. He is being treated for a diagnosis of post-laminectomy syndrome which is an unfortunate condition that occurs in a small subset of patients who undergo spine surgeries/procedures as in this case but ultimately have a poor outcome. Medications include opioids at a total MED (morphine equivalent dose) of 120 - 150 mg per day. He is also being prescribed Fexmid and Naprosyn on a long term basis. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when non-steroidal anti-inflammatory medications are used. The claimant does not have identified risk factors for a gastrointestinal event. He is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. He is taking a nonselective non-steroidal anti-inflammatory medication at the recommended dose. Guidelines do not recommend that a proton pump inhibitor such as Prilosec be prescribed. Therefore, Prilosec 20 mg #60 is not medically necessary and appropriate.

