

Case Number:	CM14-0137554		
Date Assigned:	09/05/2014	Date of Injury:	05/16/2011
Decision Date:	10/24/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/26/2014

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 Family Medicine and is licensed to practice in California. 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 patient is a 33 year-old man who was injured at work on 5/16/2011. The injury was primarily to his back. He is requesting review of denial for the following: Flexeril 7.5 mg #60 1 by mouth two (2) times per day; Omeprazole 20 mg #180 1 by mouth two (2) times per day; and Motrin 800 mg #180 1-2 by mouth two (2) times per day. The medical records corroborate ongoing care for his injuries. The patient presented with chronic low back pain and left leg radicular symptoms. He underwent evaluation with a magnetic resonance imaging in February, 2013 and an EMG (electromyography)/NCV (nerve conduction velocity) in March, 2014. The EMG showed "minimal evidence of left L5-S1 root irritation." His chronic diagnoses include Chronic Low Back Pain; Normal Electrodiagnostic Studies of the Left Lower Extremity. His medication regimen includes: Flexeril, Motrin and Omeprazole "to prevent GI upset."

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Flexeril 7.5mg #60 1 po B.I.D.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for Pain Page(s): 63-64..

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of muscle relaxants, such as Flexeril, for pain. These guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. According to a recent review in American Family Physician, skeletal muscle relaxants are the most widely prescribed drug class for musculoskeletal conditions (18.5% of prescriptions), and the most commonly prescribed antispasmodic agents are Carisoprodol, Cyclobenzaprine, Metaxalone, and Methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. The guidelines include specific comments on Flexeril. They state that Flexeril is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. In this case, the records indicate that the duration of use of Flexeril exceeds the limits of a short-course of therapy. Therefore, Flexeril is not considered as a medically necessary treatment.

Retrospective request for Omeprazole 20mg #180, 1 po B.I.D.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Online version, Pain Chapter, Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Page(s): 68-69.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, NSAIDs.

Decision rationale: The MTUS/Chronic Pain Medical Treatment and the Official Disability Guidelines comment on the use of proton pump inhibitors (PPIs) in patient who are taking NSAIDs. These criteria indicate that clinicians should determine if the patient is at risk for a gastrointestinal (GI) event. Risk factors for a GI event include the following: Age > 65 years; History of a Peptic Ulcer, GI Bleeding or Perforation; Concurrent use of ASA, Corticosteroids, and/or an Anticoagulant; or High Dose/Multiple NSAIDs. In patients determined to be at intermediate or high-risk for a GI event, an NSAID with a PPI is appropriate. In reviewing the medical records, there is no documentation that indicates that this patient meets these stated criteria for intermediate or high-risk. The use of a PPI such as Omeprazole is therefore not considered as medically necessary.

Retrospective request for Motrin 800mg #180, 1-2 po daily.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Page(s): 67-68.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of NSAIDs such as Motrin for chronic low back pain. The specific recommendations state: 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 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 patient's use of Motrin exceeds the stated MTUS Guidelines for duration of use. Therefore, Motrin is not considered as medically necessary.