

Case Number:	CM14-0142353		
Date Assigned:	09/10/2014	Date of Injury:	03/17/1993
Decision Date:	10/10/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/03/2014

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 & Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 60 year old male with a work injury dated 3/17/93. The diagnoses include chronic low back pain with history of lumbar discectomy and fusion at L5-S1, 04/2001. Under consideration is a request for Flexeril 10 mg qhs prn #30, Voltaren Gel, and Aciphex 30 mg qd #30 with 1 refill. There is a primary treating physician report dated 8/11/14 that states that the patient feels that when he was taking his medication, he is able to bring his pain down to a 3/10, but he does have a feeling of upset stomach. The Aciphex seems to help with his GI symptoms. When his pain is well managed he is able to walk for about 30 to 45 minutes. However, his difficulty is sitting. He is unable to sit for longer than 20 to 30 minutes and has to change position. The medication usually takes effect within 15 minutes and will last for several hours approximately 4. No aberrant behaviors. The patient denies any other adverse reactions. The patient states that he has been out of medication for at least 2 weeks. His current medications include Norco, Flexeril, Voltaren Gel and Aciphex. On exam deep tendon reflexes are equal and symmetric throughout the bilateral lower extremities. There are no upper tract findings. There is no ankle clonus. The rest of the examination is unchanged. The treatment plan includes #50 Norco with 1 refill as well as #30 Flexeril which is a 2 month supply and #30 Aciphex with 1 refill. Patient is also given a prescription for #2 tubes of Voltaren gel with 2 refills. A 5/7/14 document states that the patient returns to clinic for follow up. The patient states that in terms of his current pain, his score is 7/10. With his medications, he is able to sit for up to 2 hours and walk up to 1 hour whereas without his medications, he would be able to do this for 15 minutes. He has upset stomach with medications, but Aciphex is helpful. He denies any other adverse reactions. He states that his last urine screen was on July 2013 and it was consistent. His medication usually takes effect within 15 minutes and lasts for 3 to 4 hours and, on average,

His pain score is 5/10 to 6/10. The lowest his pain gets down to is a 4/10. He has to be careful about stepping off a curb or sneezing as that can increase his pain. His current Norco 10/325 one tablet twice a day 2. Flexeril.3. Voltaren gel.4. Aciphex 20 mg p.o. q.d. The treatment plan included a med refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg qhs prn #30: 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 Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: Flexeril 10 mg qhs prn #30 is not medically necessary per MTUS guidelines. Per the MTUS Chronic Pain Medical Treatment Guidelines this medication is not recommended to be used for longer than 2-3 weeks. From the documentation submitted patient has been on this medication longer than the 2-3 week recommended period and therefore continued use is not medically necessary. There is no evidence of functional improvement on Flexeril. The request for Flexeril 10mg qhs prn #30 is not medically necessary.

Aciphex 30 mg qd #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitor Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain-proton pump therapy

Decision rationale: Aciphex 30 mg qd #30 with 1 refill is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Per MTUS guidelines Aciphex is not medically necessary. There is no history that patient meets MTUS criteria for a proton pump inhibitor including : (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). California Medical Treatment Utilization Schedule Chronic Pain Guidelines do not support treatment Proton Pump Inhibitor medication in the absence of risk factors for gastrointestinal disorders. The guidelines discuss dyspepsia in regards to NSAID therapy .The patient is not on oral NSAID therapy. The ODG guidelines recommended first line proton pump therapy for patients at risk for gastrointestinal events. Aciphex is not recommended as a first line medication and there is no evidence that the patient has tried any other first line medications. The request for Aciphex 30mg qd #30 with 1 refill is not medically necessary.

Voltaren Gel #2 tubes with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1% (diclofenac) Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: Voltaren Gel #2 tubes with 2 refills are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical NSAIDs can be used short term for 4-12 weeks for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The documentation indicates that the patient has low back complaints of which Voltaren Gel is not indicated for. The request for Voltaren Gel #2 tubes with 2 refills is not medically necessary.