

Case Number:	CM14-0181353		
Date Assigned:	11/06/2014	Date of Injury:	03/23/1989
Decision Date:	12/11/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/31/2014

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:

This is a 77 year old male patient who sustained a work related injury on 03/23/1989. The mechanism of the injury was not specified in the records provided. The current diagnoses include other, pain disorder related to psychological factors, unspecified arthropathy involving other specified sites, degeneration of lumbar or lumbosacral intervertebral disc post laminectomy syndrome of lumbar region, constipation, unspecified and enthesopathy of hip region and displacement of lumbar intervertebral disc without myelopathy. According to the doctor's note dated 10/8/14, patient had complaints of low back pain with stiffness and spasm, right lower extremity weakness. The physical examination revealed antalgic gait, he ambulates with a cane. The medications list includes Mobic, Flexeril, Oxycodone, Diphenoxylate-Atropine, Medrol Pak and Gabapentin. His surgical history includes appendectomy, cholecystectomy and abdominal hernia repair. Prior diagnostic study reports were not specified in the records provided. Other therapy for this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol 4mg tablets/dose pack; 1 package, oral, directed, 6 days, 1 dose-pack of 21: 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), Pain Chapter, and Oral Corticosteroids

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Pain (updated 11/21/14); Medrol Pak and Oral Corticosteroids

Decision rationale: CA MTUS does not specifically address Medrol dose pack. Medrol dose pack contains methylprednisolone. Per the ODG guidelines cited below, oral corticosteroids are "Not recommended for chronic pain, except for Polymyalgia rheumatica (PMR). There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their serious adverse effects, they should be avoided. (Tarner, 2012) Multiple severe adverse effects have been associated with systemic steroid use, and this is more likely to occur after long-term use. And Medrol (methylprednisolone) tablets are not approved for pain. (FDA, 2013)" Therefore, there is no high grade scientific evidence to support the use of oral corticosteroids for this diagnosis. Response to other pharmacotherapy including NSAIDs for pain is not specified in the records provided. Oral steroid is recommended for Polymyalgia rheumatica (PMR). Evidence of Polymyalgia rheumatica (PMR) is not specified in the records provided. The medical necessity of Medrol 4mg tablets/dose pack; 1 package, oral, directed, 6 days, 1 dose-pack of 21 is not fully established in this patient at this time. Therefore, this request is not medically necessary.

Meloxicam 15mg, 1 tablet by mouth every day, 90 day supply #90 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications, NSAIDs Page(s): 22, 67.

Decision rationale: Meloxicam is a NSAID. CA MTUS page 67 states that NSAIDs are recommended for "Chronic pain as an option for short-term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain." MTUS also states that "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume." Per the submitted medical records, patient had low back pain with stiffness and spasm, right lower extremity weakness. NSAIDs are considered first line treatment for pain and inflammation. The request for Meloxicam 15mg, 1 tablet by mouth every day, 90 day supply #90 with 1 refill is medically necessary for this patient to use as needed to manage his chronic pain. The request for Meloxicam 15mg, 1 tablet by mouth every day, 90 day supply #90 with 1 refill is medically appropriate and necessary for this patient to use as prn to manage his chronic pain.

Cyclobenzaprine 10mg, 1 tablet every day, oral as needed, 90 days #90 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 64.

Decision rationale: This is a request for Cyclobenzaprine 10mg, 1 tablet every day, oral as needed, 90 days #90 with 1 refill. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic pain medical treatment guidelines, Cyclobenzaprine is "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease." According to the records provided patient had complaints of low back pain. According to the cited guidelines Flexeril is recommended for short term therapy and not recommended for longer than 2-3 weeks. The level of the pain with and without medications is not specified in the records provided. The need for Cyclobenzaprine Hydrochloride on a daily basis with lack of documented improvement in function is not fully established. Short term or as needed use of Cyclobenzaprine in this patient for acute exacerbations would be considered reasonable appropriate and necessary. However the need for 180 tablets of Cyclobenzaprine, as submitted, is not deemed medically necessary. The medical necessity of Cyclobenzaprine 10mg, 1 tablet every day, oral as needed, 90 days #90 with 1 refill is not established for this patient. Therefore, this request is not medically necessary.