

<b>Case Number:</b>	CM14-0213426		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	01/04/2013
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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. 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 & Rehabn

### 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 50-year-old male with date of injury of 01/04/2013. The listed diagnoses from 07/03/2014 QME report are: 1. Low back pain with radicular symptoms to the right lower extremity. 2. Lumbosacral spine sprain/strain. 3. Rule out lumbar radiculopathy. 4. Bilateral elbow pain. 5. Status post bilateral inguinal hernia and umbilical hernia repair from 02/15/2013. According to this report, the patient complains of low back pain at a rate of 5/10. The pain, at times, radiates to the right lower extremity. The patient also complains of bilateral elbow pain, left worse than the right at a rate of 4/10. The examination shows the patient is well-developed, well-nourished in no distress. Tenderness over the spinous process of the lumbosacral area, bilateral paraspinal muscles, right SI joint, and right sciatic notch was noted. There is increased pain on facet extension and side bending. There is tenderness over the medial epicondyle and on the distal part of the ulna. Tinel's test over the cubital tunnel is positive on the left. Sensation is slightly diminished at the medial malleolar area. Babinski is down going bilaterally. Straight leg raise is positive on the left with complaints of low back pain at 60 degrees and 30 degrees on the right. Treatment reports from 06/30/2014 to 12/05/2014 were provided for review. The utilization review denied the request on 11/20/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox DS 550mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medication. Medication for chronic pain. Page(s): 22,60.

**Decision rationale:** This patient presents with low back pain radiating to the right lower extremity and elbow pain. The treater is requesting ANAPROX DS 550 MG, QUANTITY #60. The MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first-line treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted. The records show that the patient was prescribed Anaprox on 09/24/2014. None of the reports from 06/30/2014 to 12/05/2014 note medication efficacy as it relates to the use of Anaprox. MTUS page 60 states that pain assessment and functional changes must also be noted when medications are used for chronic pain. Given the lack of functional improvement while utilizing Anaprox, the request IS NOT medically necessary.

**Prilosec 20mg #30:** 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, GI symptoms, and cardiovascular risks. Page(s): 68 and 69.

**Decision rationale:** This patient presents with low back pain radiating to the right lower extremity and elbow pain. The treater is requesting PRILOSEC 20 MG, QUANTITY #30. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states, "Determine if the patient is at risk for gastrointestinal events: (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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions." MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The records do not show a history of Prilosec use. The UR letter notes that the treater is prescribing Prilosec to protect against gastrointestinal upset from the use of an NSAID. In this case, the MTUS Guidelines do not support the routine use of PPIs without documentation of gastrointestinal issues or events. The request IS NOT medically necessary.

**Fexmid 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines antispasmodics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine..

**Decision rationale:** This patient presents with low back pain radiating to the right lower extremity and elbow pain. The treater is requesting FEXMID 7.5 MG, QUANTITY #60. The MTUS guidelines page 64 on cyclobenzaprine states that it is recommended as a short course of therapy with limited mixed evidence not allowing for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and central nervous system depressant with similar effects to tricyclic antidepressants (amitriptyline). This medication is not recommended to be used for longer than 2 to 3 weeks. The records do not show a history of Fexmid use. While a short course is appropriate for the patient's chronic pain, none of the reports document acute flareup. Furthermore, the guidelines do not recommend the use of Fexmid for longer than 2 to 3 weeks. The request IS NOT medically necessary.