MAXIMUS Federal Services

Case Number:	CM14-0213594		
Date Assigned:	12/31/2014	Date of Injury:	06/28/2013
Decision Date:	02/24/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/22/2014

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: North Carolina, New York, Missouri
Certification(s)/Specialty: Internal Medicine, Nephrology

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 37-year-old male with a 6/28/2013 date of injury. The exact mechanism of the original injury was not clearly described. A progress report dated 10/12/14 noted subjective complaints of low back pain with radiation into the R leg. Objective findings included mild LS tenderness. Diagnostic Impression: lumbar strainTreatment to Date: medication management, chiropractic, TENSA UR decision dated 11/24/14 denied the request for cyclobenzaprine 7.5 mg #60. In this case the request is not reasonable as the patient has been taking medication for longer than 3 weeks and it is not recommended for long term use. It also denied naproxen 550 mg #60. The patient has been on long term NSAID without any documentation of significant derived benefit through prior long term use. It also denied omeprazole 20 mg #60. The patient is not at intermediate risk of GI event. It also denied TENS patches #2 sets. There is no indication that TENS is to be used as an adjunct to other modalities or that medication has failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Cyclobenzaprine 7.5 mg # 60 dispensed on 11/16/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41-42, 63-66.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. However, given a 2013 original date of injury, it is unclear how long the patient has been taking Cyclobenzaprine. Guidelines do not recommend the chronic use of muscle relaxants, especially in the absence of clear documentation of objective functional benefit derived from its use. Therefore, the retrospective request for Cyclobenzaprine 7.5 mg # 60 dispensed on 11/16/14 was not medically necessary.

Retrospective request for Naproxen 550 mg #60 dispensed on 11/16/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDS.

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. However, given a 2013 original date of injury, it is unclear how long the patient has been taking Naproxen. Guidelines do not recommend the chronic use of NSAIDS, especially in the absence of clear documentation of objective functional benefit derived from its use. Therefore, the retrospective request for Naproxen 550 mg #60 dispensed on 11/16/14 was not medically necessary.

Retrospective request for Omeprazole 20mg #60 dispensed on 11/16/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Omeprazole).

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. The patient had previously been on chronic NSAID use. However, since the continued use of Naproxen was not certified, continued use of Omeprazole is not certifiable. Therefore, the retrospective request for Omeprazole 20mg #60 dispensed on 11/16/14 was not medically necessary.

Retrospective request for TENS patches, per set, #2 dispensed on 11/16/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transecutaneous Electrical Nerve Stimulation (TENS) Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 114-116.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function and that other ongoing pain treatment should also be documented during the trial period including medication. However, there is little information regarding this patient's treatment history over the last 18 months including the use of a TENS unit in physical therapy, medication management, or instruction and compliance with an independent program. There is no specific documentation of the results of a TENS trial. There is insufficient documentation to establish medical necessity for the continued use of a TENS unit. Therefore, the retrospective request for TENS patches, per set, #2 dispensed on 11/16/14 was not medically necessary.