

Case Number:	CM14-0214982		
Date Assigned:	01/07/2015	Date of Injury:	06/14/2010
Decision Date:	02/28/2015	UR Denial Date:	11/25/2014
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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 65 year-old male with a 6/14/10 date of injury. The 11/18/14 medical reports that were provided to utilization review were not provided for this review. According to the 10/14/14 orthopedic report, the patient presents with low back pain and bilateral lower extremity complaints. He has been diagnosed with lumbar radiculopathy bilaterally; lumbar retrolisthesis; lumbar stenosis; and right knee pain. Pain is 7/10, but medications bring it to 4/10, and allows him to walk further distances. The orthopedist refills a 2-months' supply of Voltaren ER 100mg once a day as needed #60, Flexeril 7.5mg once a day as needed, #30, and Prilosec 20mg once per day #60. On 11/25/14 utilization review modified a request for omeprazole to allow #30 until the NSAID is stopped; and denied the diclofenac ER 100mg, because of the risk profile; and denied cyclobenzaprine because long-term use is not supported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac ER 100mg QTY #120: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The 11/18/14 medical reports that were provided to utilization review were not provided for this review. The most recent report available for this review is dated 10/14/14 and documents low back and knee pain at 7/10, but medications bring it to 4/10, and allows him to walk further distances. MTUS Chronic Pain Medical Treatment Guidelines, pg. 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. The available medical reports show the patient has decreased pain and improved function with use of the medication. The use of Diclofenac ER is in accordance with MTUS guidelines. The request for Diclofenac ER 100mg QTY #120 IS medically necessary.

Omeprazole 20mg QTY #30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The 11/18/14 medical reports that were provided to utilization review were not provided for this review. The most recent report available for this review is dated 10/14/14 and documents the 65 year-old patient has GI irritation with the medications, and takes the NSAID Voltaren ER. MTUS Chronic Pain Medical Treatment Guidelines Pg. 68-69 under NSAIDs, GI symptoms & cardiovascular risk, for Treatment of dyspepsia secondary to NSAID therapy states: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. Also 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. The patient is over age 65 and uses NSAIDs and is at risk for GI events according to the MTUS guidelines. Furthermore, MTUS states a PPI such as omeprazole can be used to treat dyspepsia secondary to NSAID use. This patient meets MTUS criteria for use of omeprazole. The request for Omeprazole 20mg QTY #30 IS medically necessary.

Cyclobenzaprine 7.5mg QTY #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The 11/18/14 medical reports that were provided to utilization review were not provided for this review. The most recent report available for this review is dated 10/14/14 and it documents that the patient is using cyclobenzaprine "as needed", with #30 tablets to last 2-months. MTUS Chronic Pain Medical Treatment Guidelines pg. 63-66, "Muscle relaxants (for pain)" under Antispasmodics: Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Dosing states: This medication is not recommended to be used for longer than 2-3 weeks. (See, 2008) The patient was prescribed #30 tablets of cyclobenzaprine to last 8-weeks at 1/per day as needed. MTUS does not recommend using this medication over 3-weeks. The records show the patient has been using cyclobenzaprine since at least 3/5/14. The continued use appears to exceed the MTUS recommendations. The request for Cyclobenzaprine 7.5mg QTY #60, IS NOT medically necessary.