

Case Number:	CM14-0215937		
Date Assigned:	01/06/2015	Date of Injury:	03/05/2003
Decision Date:	02/28/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/23/2014

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 43-year-old male with date of injury of 03/05/2003. According to progress report dated 10/29/2014, the patient presents with chronic low back pain and continued edema of the legs. The patient reports increase in pain and wakes up nightly due to pain. Pain level is rated as 10/10 during the night. Physical examination noted, Alert and conversant with no negative effect of medications noted today. Continued pitting edema on the legs. According to progress report dated 08/06/2014, the patient presents with continued complaints of pain. Current medications include Norco, Klonopin 1 mg, Lasix, Ditropan XL 5 mg, gabapentin 800 mg, Mirapex 0.25, Mobic 7.5 mg, and Skelaxin 800 mg. It was noted that overall medications are used in conjunction and generally taken alone give minimal relief. Examination on this date revealed sensory testing was reduced in the right leg at L4-L5. There is increased sensitivity above the knee on the right. On the left, there was marked reduction of sensation. Motor strength is 3/5 at distal dorsiflexion. The listed diagnoses are: 1. Lumbosacral neuritis. 2. Degenerative lumbar disk disease. 3. Sprain/strain of lumbar region. The patient is to remain off work. Treatment plan was for the patient to continue with medication, urine toxicology screen, and return to clinic in 1 month. The utilization review denied the request on 12/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic 7.5mg #90 d/s 30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatories Page(s): 22.

Decision rationale: This patient presents with chronic low back pain. The current request is for Mobic 7.5 mg #90 D/S 30. The MTUS Guidelines regarding antiinflammatories state that antiinflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration could resume, but long-term use may not be warranted. Progress report dated 08/06/2014 notes that the patient takes Mobic 7.5 mg with good pain relief but is generally not approved by the insurance. It is unclear when the patient was initially prescribed this medication but given the treating physicians statement that this medication provides good relief of pain and the patients complaint of chronic pain, the requested Mobic is medically necessary.

Oxybutynin 5mg ER #60 d/s 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
www.nlm.nih.gov/medlineplus/druginformation/meds/a682141.html

Decision rationale: This patient presents with chronic low back pain. The current request is for oxybutynin 5 mg ER #60 D/S 30. The utilization review denied the request stating that documentation lacks evidence of voiding issues and/or neurogenic bladder issues. The MTUS, ACOEM, and ODG Guidelines do not discuss oxybutynin specifically. According to www.nlm.nih.gov/medlineplus/druginformation/meds/a682141.html the National Library of Medicine states that this medication is to treat overactive bladder. In this case, the progress reports do not describe a diagnosis of overactive bladder, neurogenic bladder, or brain injury. It is not certain if this patient suffers from overactive bladder as there is no discussion regarding why this medication is being prescribed. The requested oxybutynin IS NOT medically necessary.