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| Case Number: | CM14-0218138 | | |
| Date Assigned: | 01/07/2015 | Date of Injury: | 12/03/1991 |
| Decision Date: | 03/05/2015 | UR Denial Date: | 12/05/2014 |
| Priority: | Standard | Application Received: | 12/30/2014 |

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:

This is a 67-year-old male with a work-related injury dated December 18, 2013. At the physician's visit dated November 6, 2014, the worker was complaining of intractable back pain. Pain was described as sharp, stabbing, dull and aching. Duration of pain was described as constant. Physical exam was unremarkable. A magnetic resonance imaging of the lumbar spine on September 6, 2014 showed L4-L5 and L5-S1 broad-based disc protrusion with central focal prominence, which measured 7.5mm by 10.8mm. There was also effacement of the anterior thecal sac and moderate to severe right and left foraminal stenosis. The physician documented diagnoses of post laminectomy of the lumbar spine and lumbar HNP without myelopathy. Treatment plan included a refill of Anaprox, Flexeril, Prilosec and Ultram ER. The worker was also waiting for lumbar epidural steroid injections bilaterally at the L4-L5 and the L5-S1. The utilization review decision dated December 5, 2014 modified the request for Flexeril 7.5mg quantity of 60 to approve a quantity of 30 and the request for Prilosec 20mg quantity of 60 to approve a quantity of 30. The rationale for modification of the Flexeril was based on the CM MTUS Chronic Pain Treatment Guidelines for non-steroidal anti-inflammatory (NSAID) medication recommend this medication for a short course of therapy do not allow for a chronic use of this medication. The documentation reflects this medication was being used for a chronic condition. The documentation did not reflect any exceptional factors that would allow this medication to be considered outside of the guidelines and a supply of 30 was given to allow for tapering and discontinuation. The modified approval of the Prilosec was also based on the CA MTUS Chronic Pain Treatment Guidelines for proton pump inhibitors for patients taking NSAID

with gastrointestinal symptoms, which was reflected in the documentation for this worker. The amount was reduced to a 30 count, which was based on the current treatment guidelines for this medication of one tablet daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #60: Upheld

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

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

Decision rationale: The patient presents with mid back pain, low back pain, and pain between his shoulder blades. The request is for Flexeril 7.5 mg #60. The patient has been taking this medication as early as 08/11/14. MTUS page 63-66 states: muscle relaxants (for pain) recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): recommend for a short course of therapy. MTUS guidelines do not recommend use of Cyclobenzaprine for longer than 2-3 weeks. The patient has been taking Flexeril since 08/11/14, which exceeds the 2-3 weeks recommended by MTUS guidelines. Therefore, the requested Flexeril is not medically necessary.

Prilosec 20mg #60: Upheld

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

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

Decision rationale: The patient presents with mid back pain, low back pain, and pain between his shoulder blades. The request is for Prilosec 20 Mg #60. The patient has been taking this medication as early as 08/11/14. MTUS Guidelines page 60 and 69 states that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High-dose/multiple NSAID. MTUS page 69 states, NSAIDs, GI symptoms, and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI. As of 11/06/14, the patient is taking Naproxen, Chlorzoxazone, Ultracet, and Flexeril. In this case, there is no discussion regarding what omeprazole is doing for the patient. The treater

does not document dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by guidelines without GI risk assessment. Given the lack of discussion as to this medications efficacy, and lack of rationale for its use, the requested Prilosec is not medically necessary.