MAXIMUS Federal Services

Case Number:	CM14-0090792		
Date Assigned:	07/23/2014	Date of Injury:	10/17/2002
Decision Date:	07/08/2015	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/16/2014

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: Texas, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management

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 injured worker is a 58-year-old male with an industrial injury date of 10/17/2002. His diagnoses included herniated cervical disc, bilateral shoulder impingement syndrome and lumbar discopathy with disc displacement. Prior treatment included left shoulder surgery, physical therapy, diagnostics, psychological evaluation and medications. He presented on 04/23/2015 with complaints of lumbar spine pain radiating to both legs and bilateral shoulder pain. Physical exam revealed tenderness of paraspinal with decreased range of motion. There was positive AC joint tenderness. Treatment plan consisted of MRI of cervical and lumbar spine and medications. The low back pain was noted to have improved after the 3/30/3015 lumbar epidural steroid injection. The medications listed are Fexmid, Doral, Prilosec, gabapentin, tramadol, Norco and topical analgesic products containing flurbiprofen / menthol / camphor / capsaicin. The 4/23/2015 UDS report was consistent with prescribed tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Fexmid 7. 5mg, #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792. 24. 2 Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatments with NSAIDs and PT. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with opioids and sedative medications. The records indicate that the duration of utilization of muscle relaxants had exceeded that guidelines recommended maximum period of 4 to 6 weeks. The patient is utilizing multiple opioids and sedatives concurrently. There is lack of documentation of compliance monitoring or functional restoration with utilization of Fexmid. The criteria for the use of Fexmid 7. 5mg #240 was not met. The request is not medically necessary.

1 prescription for Doral 15mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792. 24. 2 Page(s): 24, 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that the use of benzodiazepines be limited to short term periods in the treatment of insomnia or anxiety associated with chronic pain. The chronic use of benzodiazepines can be associated with the development of tolerance, dependency, addiction, day time somnolence and adverse interactions with opioid medications. There is no documentation that the patient had failed guidelines recommend non-medication sleep hygiene measures. There is no documentation of completed evaluation for treatable causes of insomnia. The duration of utilization of Dural had exceeded that guidelines recommended maximum period of 4 to 6 weeks. The criteria for the use of Dural 15mg #60 was not met. The request is not medically necessary.

1 prescription for Prilosec 20mg, #90: 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 9792. 24. 2 Page(s): 68-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAID's.

Decision rationale: The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAIDs induced gastrointestinal complications in the elderly and patient with a significant history of gastrointestinal disease. The records did not indicate that there was a significant history of gastrointestinal disease or NSAIDs induced gastritis. The records did not show that the patient is currently utilizing oral NSAID medication. The criteria for the use of Prilosec 20mg #90 was not met. The request is not medically necessary.

1 prescription topical compound Flurbiprofen 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792. 24. 2 Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAID's.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic utilization of topical NSAIDs is associated with the development of decreased efficacy and NSAID related adverse effects. The guidelines recommend that the use of topical NSAID be limited to single joint pain such as knee pain. The records show musculoskeletal pain located in the cervical, lumbar and shoulder joints. The patient is also utilizing compound topical analgesic containing NSAID concurrently. The criteria for the use of topical compound Flurbiprofen 120gm was not met. The request is not medically necessary.

1 MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines- Low Back- Lumbar & Thoracic (Acute & Chronic) and Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that MRI can be utilized for the evaluation of severe musculoskeletal pain that that is associated with neurological deficits when standard tests are inconclusive. The records did not show subjective or objective findings consistent with deterioration of the lumbar or lower extremities neurological status. There was no documentation of a 'red flag' condition that required advanced radiological testing such as MRI. There was subjective report of clinical improvement following the last set of lumbar epidural steroid injections. The criteria for MRI of the lumbar spine was not met. The request is not medically necessary.