MAXIMUS Federal Services

Case Number:	CM15-0111222		
Date Assigned:	06/17/2015	Date of Injury:	08/11/2014
Decision Date:	07/16/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/09/2015

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: New Jersey, Alabama, California
Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 55 year old male, who sustained an industrial injury on 08/11/2014. He has reported injury to the low back. The diagnoses have included lumbar sprain/strain; and lumbar degenerative disc disease. Treatment to date has included medications, diagnostics, TENS (transcutaneous electrical nerve stimulation) unit, acupuncture, home exercise program, and chiropractic sessions. Medications have included Diclofenac Sodium ER, Cyclobenzaprine, and Omeprazole. A progress note from the treating physician, dated 05/13/2015, documented a follow-up visit with the injured worker. The injured worker reported mild low back pain which is constant, except when he take his medications; medications are helpful with pain control and improvement of enable activities of daily living by 10%; TENS unit is helpful and used three times a day; mild and intermittent gastritis; finished chiropractic sessions which helped a little; and is working with a modified work status. Objective findings included mild lumbar spine tenderness; flexes to reach upper tibias; and normal gait. The treatment plan has included the request for Retro Diclofenac Sodium ER 100mg twice daily #60 refill: 0; Retro Omeprazole 20mg cap twice daily #60 refill: 0; and Retro Cyclobenzaprine 7.5mg twice daily #60 refill: 0.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Diclofenac Sodium ER 100mg Bid #60 refill: 0: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NONSELECTIVE NSAIDS Page(s): 107.

Decision rationale: According to MTUS guidelines, Diclofenac Sodium ER is used for osterarthritis pain. There is no documentation of the efficacy of previous use of the drug. There is no documentation of monitoring for safety and adverse reactions of the drug. There is no documentation that the patient developed osteoarthritis. Therefore, the retrospective request for Diclofenac Sodium ER (Voltaren) 100mg Qty: 60 is not medically necessary.

Retro Omeprazole 20mg Cap Bid #60 refill: 0: 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 & cardiovascular risk Page(s): 68.

Decision rationale: According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (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 (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation that the patient has GI issue that requires the use of prilosec. There is no documentation in the patient's chart supporting that he is at intermediate or high risk for developing gastrointestinal events. Therefore, the retrospective request for Omeprazole 20mg Cap Bid #60 is not medically necessary.

Retro Cyclobenzaprine 7.5mg Bid #60 refill 0: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: According to MTUS guidelines, Cyclobenzaprine a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The guidelines do not recommend to be used for more than 2-3 weeks. The patient in this case does not have clear recent evidence of spasm and the prolonged use of Cyclobenzaprine is not justified. Therefore, the Retrospective request for Cyclobenzaprine tablets 7.5mg #60 is not medically necessary.