

Case Number:	CM15-0111573		
Date Assigned:	06/18/2015	Date of Injury:	06/26/2011
Decision Date:	07/17/2015	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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 34 year old male, who sustained an industrial injury on 6/26/2011. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbago status post posterior lumbar interbody fusion. There is no record of a recent diagnostic study. Treatment to date has included surgery, therapy and medication management. In a progress note dated 3/26/2015, the injured worker complains of low back pain with radiation in the bilateral lower extremities with hypersensitivity in the right leg, rated 5/10. Physical examination showed intact neurovascular system with hypersensitivity in the right greater than the left medial aspect of the leg. The treating physician is requesting Lansoprazole (Prevacid) delayed release 30 mg #120, Ondansetron ODT 8 mg #30 and Cyclobenzaprine Hcl 7.5 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lansoprazole (Prevacid) Delayed-Release 30 MG #120: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lansoprazole (Prevacid) DR 30mg #120 is not medically necessary. Lansoprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking non-steroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. Protonix, Dexilant and Aciphex should be second line PPIs. In this case, the injured worker's working diagnosis is lumbago status post PLIF. The date of injury is June 26, 2011. The request for authorization is dated May 19, 2015 and refers to a progress note dated March 26, 2015. Subjectively, the injured worker has low back pain 5/10 that has improved. The medical record indicates Prevacid was prescribed because the injured worker was prescribed Nalfon. The documentation in the medical record does not contain a Nalfon prescription. The documentation is in a check the box format and the Nalfon box is not checked. Additionally, there is no history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. There is no clinical indication or rationale for a PPI. There is no clinical rationale for lansoprazole. Consequently, absent clinical documentation with the clinical indication and rationale, a prescription for a non-steroidal anti-inflammatory, comorbid conditions or past medical history for gastrointestinal events, Lansoprazole (Prevacid) DR 30mg #120 is not medically necessary.

Ondansetron ODT 8 MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Zofran.

Decision rationale: Pursuant to the Official Disability Guidelines, Ondansetron (Zofran) ODT 8 mg #30 is not medically necessary. Zofran is FDA approved for nausea and vomiting secondary chemotherapy and radiation treatment; postoperative use; and gastroenteritis. In this case, the injured worker's working diagnosis is lumbago status post PLIF. The date of injury is June 26, 2011. The request for authorization is dated May 19, 2015 and refers to a progress note dated March 26, 2015. Subjectively, the injured worker has low back pain 5/10 that has improved. The treating provider's treatment plan stated Zofran was prescribed for nausea secondary to headache. There is no documentation of headache with nausea documented in the medical record. Additionally, Zofran is FDA approved for nausea and vomiting secondary chemotherapy and radiation treatment; postoperative use; and gastroenteritis. There is no documentation in the medical record of chemotherapy, radiation treatment, postoperative use or gastroenteritis. Consequently, absent clinical documentation with an appropriate clinical indication according to the guideline recommendations, Ondansetron (Zofran) ODT 8 mg #30 is not medically necessary.

Cyclobenzaprine Hydrochloride 7.5 MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, cyclobenzaprine (Flexeril) 7.5mg #120 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnosis is lumbago status post PLIF. The date of injury is June 26, 2011. The request for authorization is dated May 19, 2015 and refers to a progress note dated March 26, 2015. Subjectively, the injured worker has low back pain 5/10 that has improved. Cyclobenzaprine is recommended for short-term (less than two weeks) treatment of acute low back pain or short-term exacerbation in a patient with chronic low back pain. There is no documentation in the medical record of acute low back pain or an acute exacerbation in chronic low back pain. Additionally, the earliest progress note in the medical record containing cyclobenzaprine is dated December 23, 2014. According to the utilization review, cyclobenzaprine was noncertified. Cyclobenzaprine's start date is not specified in the medical record. At a minimum, the treating provider exceeded the recommended guidelines for short-term use (less than two weeks) by continuing cyclobenzaprine in excess of four months. Objectively, there is no documentation of spasms. There is no documentation demonstrating objective functional improvement to support ongoing cyclobenzaprine. Consequently, absent compelling clinical documentation with objective functional improvement, treatment with cyclobenzaprine in excess of the recommended guidelines and clinical evidence of an acute exacerbation of low back pain or exacerbation of chronic low back pain, cyclobenzaprine (Flexeril) 7.5mg #120 is not medically necessary.