

Case Number:	CM15-0112364		
Date Assigned:	06/18/2015	Date of Injury:	11/09/2012
Decision Date:	07/23/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/10/2015

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: Pennsylvania

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 57-year-old female who sustained an industrial injury on 11/9/12 resulting in back injury when assisting a resident who was falling. Diagnoses include spasm; lumbosacral facet arthropathy; cervical and thoracic herniated nucleus pulposus; cervical facet arthropathy; lumbago. Medical history also includes hypertension, gastric ulcers, and gastroesophageal reflux disease. The documentation indicates use of Cyclobenzaprine and Celebrex since July of 2014. She currently complains of back stiffness and achy, dull pain that is improving; she has neck pain; sleep difficulties and difficulty walking. At a visit on 4/10/15, the injured worker reported her current pain level is 5/10. She has limitations with activities of daily living. On physical exam there was back pain with tenderness on palpation and with decreased range of motion; mild tenderness on palpation of the cervical spine. Blood pressure was elevated at 141/91; this was not addressed. Medications are Cymbalta, Cyclobenzaprine, Celebrex, Ativan, Percocet, and Aleve. Treatments to date include medications; ice; heat; physical therapy; chiropractic treatments; transcutaneous electrical nerve stimulator unit; pain management. Diagnostics include MRI of the lumbar spine; x-rays of the spine. In the progress note, dated 4/10/15 the treating provider's plan of care includes Vimvo; Cyclobenzaprine; aqua therapy; chiropractic care. The plan documented by the physician states both discontinues Celebrex and refill Celebrex. Work status was not specified but the progress note lists work among the injured worker's functional limitations. On 6/3/15, Utilization Review non-certified requests for the items currently under Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #90 with 3 refills, prescribed 04/10/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine p. 41-42-muscle relaxants p. 63-66, page 41-42, 63-66 Page(s): 41-42, 63-66.

Decision rationale: This injured worker has chronic back pain. Cyclobenzaprine has been prescribed for at least 10 months. The MTUS for chronic pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. The injured worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed implies long-term use, not for a short period of use for acute pain. No reports show any specific and significant improvement in pain or function because of prescribing muscle relaxants. Work status was not specified, and there was no documentation of improvement in activities of daily living because of use of Cyclobenzaprine. Per the MTUS chronic pain medical treatment guidelines, Cyclobenzaprine (Flexeril, Fexmid, Amrix, Trabadol) is a skeletal muscle relaxant and a central nervous system depressant. It is recommended as an option for a short course of therapy, with greatest effect in the first four days of treatment. Guidelines state that treatment should be brief. Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. Limited, mixed evidence does not allow for a recommendation for chronic use. The addition of Cyclobenzaprine to other agents is not recommended. This injured worker has been prescribed multiple additional agents. Due to length of use in excess of the guideline recommendations and lack of functional improvement, the request for Cyclobenzaprine is not medically necessary.

Vimovo 500/200mg #60 with 3 refills, prescribed 04/10/15: 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), Vimoyo.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS p. 67-73, NSAIDS, GI symptoms and cardiovascular risk p. 68-69 Page(s): 67-73.

Decision rationale: Vimovo contains naproxen (a non-steroidal anti-inflammatory agent) and esomeprazole, a proton pump inhibitor (PPI). Per the MTUS, co-therapy with a non-steroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low dose aspirin). This injured worker does have a history of gastric ulcers/GERD, and as such, a proton pump inhibitor would be indicated. However, the documentation also indicates that the injured worker was prescribed two additional NSAIDS, Celebrex and aleve. The documentation was unclear as to whether Celebrex was discontinued. Celebrex has been prescribed for at least 10 months. There was no documentation of functional improvement as a result of use of NSAIDS. Per the MTUS, non-steroidal anti-inflammatory

drugs (NSAIDs) are recommended as a second line treatment after acetaminophen for treatment of acute exacerbations of chronic back pain. This injured worker has chronic back pain without documentation of acute flare. NSAIDs are noted to have adverse effects including gastrointestinal side effects and increased cardiovascular risk; besides these well-documented side effects of NSAIDs, NSAIDs have been shown to possibly delay and hamper healing in all the soft tissues including muscles, ligaments, tendons, and cartilage. NSAIDs can increase blood pressure and may cause fluid retention, edema, and congestive heart failure; all NSAIDs are relatively contraindicated in patients with renal insufficiency, congestive heart failure, or volume excess. They are recommended at the lowest dose for the shortest possible period in patients with moderate to severe pain. The MTUS does not recommend chronic NSAIDs for low back pain; NSAIDs should be used for the short term only. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. Package inserts for NSAIDS recommend periodic monitoring of a CBC and chemistry profile (including liver and renal function tests). There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. An elevated blood pressure was recorded but not addressed, and the injured worker was noted to have a history of hypertension. As vimovo contains a NSAID, and as the documentation indicates that this injured worker has possibly been prescribed two additional NSAIDS (which is duplicative and contraindicated in light of her history of gastric ulcers and GERD), without functional improvement as a result of use of NSAIDS for many months, the request for vimovo is not medically necessary.

Aqua therapy for lumbar spine for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy p. 22, physical medicine p. 98-99 Page(s): 22, 98-99.

Decision rationale: This injured worker has chronic back pain. Prior physical therapy was documented, but the number of sessions completed and outcome were not discussed. The MTUS states that aquatic therapy is recommended as an optional form of exercise therapy as an alternative to land-based physical therapy when reduced weight bearing/minimization of the effects of gravity is desirable. Such situations include extreme obesity, and in certain cases of knee complaints while allowing the affected knee to rest before undergoing specific exercises to rehabilitate the area at a later date. In this case, there was no documentation of extreme obesity; the injured worker's body mass index was recorded at 22.5, which is in the normal range. There was no documentation of knee issues. Water exercises have been noted to improve some components of health-related quality of life, balance, and stair climbing in the treatment of fibromyalgia, but regular exercises and higher intensities may be required to preserve most of these gains. The number of sessions of aquatic therapy follows the physical medicine guidelines. The number of sessions requested was not specified. Due to insufficiently specific prescription, lack of documentation of functional improvement from prior physical therapy, and lack of documentation of a specific indication for aqua therapy, the request for aqua therapy is not medically necessary.

Follow-up with chiropractor: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter (Online Version) Office visits.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-60.

Decision rationale: Per the MTUS for Chronic Pain, the purpose of manual medicine is functional improvement, progression in a therapeutic exercise program, and return to productive activities (including work). Per the MTUS for Chronic Pain, a trial of 6 visits of manual therapy and manipulation may be provided over 2 weeks, with any further manual therapy contingent upon functional improvement. This injured worker has chronic back pain. The documentation indicates that she has had prior chiropractic therapy, but the number of sessions completed and outcome of treatment was not discussed. The current request does not include the number of sessions requested. Due to insufficiently specific prescription and lack of documentation of functional improvement because of prior chiropractic treatment, the request for follow up with chiropractor is not medically necessary.