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| Case Number: | CM15-0116015 | | |
| Date Assigned: | 06/24/2015 | Date of Injury: | 03/12/2015 |
| Decision Date: | 07/30/2015 | UR Denial Date: | 06/04/2015 |
| Priority: | Standard | Application Received: | 06/16/2015 |

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 43-year-old male, who sustained an industrial injury on 3/12/2015. He reported falling backward onto his buttocks. The injured worker was diagnosed as having low back contusion, buttocks contusion, and back muscle spasm. Treatment to date has included medications, Ketorolac injection, radiologic imaging, chiropractic therapy, and orthotics. The request is for Flexeril, Protonix, and Voltaren XR. On 3/12/2015, he complained of low back pain. He rated his current pain 10/10. Physical findings revealed a normal gait, normal posture, no weakness of lower extremities, no spasms of the thoracolumbar spine and paravertebral musculature, and tenderness of the low back area. He was given an injection of Ketorolac in the office, and given prescriptions for Etodolac ER, Orphenadrine Citrate ER, and Acetaminophen. On 3/23/2015, he is noted to be tolerating the current medications. On 4/24/2015, he is continued on Etodolac ER, Acetaminophen, and Orphenadrine Citrate ER. He continued to rate his pain 7/10 and denied radiation in the left lower extremity as had been present 2 weeks prior. On 5/27/2015, he complained of low back pain rated 7/10. He indicated the right hip pain was resolved. Physical findings revealed tenderness and spasm of the low back. The treatment plan included Flexeril, Protonix and Voltaren XR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Flexeril 7.5mg #70 dos: 05/27/15: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41-42, 63.

Decision rationale: The CA MTUS indicates that Cyclobenzaprine (Flexeril) is a muscle relaxant. The CA MTUS guidelines recommend muscle relaxants only for short-term use of no longer than 2-3 weeks, and only as a second line option. Muscle relaxants are found to be most effective in the first 4 days with efficacy diminishing over time. In most low back pain cases, they show no benefit beyond NSAIDs and no additional benefit when used in combination with NSAIDs. The records indicate that muscle relaxants have been utilized since the date of injury on 3/12/2015, which is in excess of the short-term 2-3-week recommendation of the CA MTUS guidelines. Therefore, the request for retrospective Flexeril 7.5mg #70 dos: 5/27/15, is not medically necessary.

Retrospective Protonix 20mg #60 x 2 dos:05/27/15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)/Proton pump inhibitors (PPIs).

Decision rationale: The CA MTUS guidelines suggest proton pump inhibitors may be recommended and caution clinicians to weigh the indications for NSAIDs against gastrointestinal risk factors. Factors determining if a patient is at risk for gastrointestinal events include: age greater than 65 years, history of peptic ulcer, GI (gastrointestinal) bleeding, or perforation, concurrent use of aspirin, corticosteroids, and/or anticoagulant or high dose/multiple NSAID use. ODG recommends proton pump inhibitors for patients at risk for gastrointestinal events when a trial of Omeprazole or lansoprazole has been recommended before the prescription of Nexium therapy. The other PPIs Protonix, Dexilant, and Aciphex, should also be second-line. In this case, the records do not indicate the injured worker is at risk for gastrointestinal events, and the concurrent utilization of Voltaren XR was determined to be not medically necessary. Therefore, the request for retrospective Protonix 20mg #60 x2 dos: 5/27/15 is not medically necessary.

Retrospective Voltaren XR 100mg #60 x 2 dos:05/27/15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, NSAIDs Page(s): 43, 60, 67-68.

Decision rationale: The CA MTUS guidelines indicate Diclofenac (Voltaren) is a non-steroidal anti-inflammatory drug (NSAID). NSAIDs are recommended for chronic low back pain as an option for short-term symptomatic relief; for acute exacerbation's of chronic low back pain, as a second line treatment after acetaminophen. The records indicate that NSAIDs have been utilized in conjunction with acetaminophen, since the date of the 3/12/2015 injury. In this case, the records do not demonstrate a failure of non-prescription analgesics including acetaminophen. There is also no documentation of pain and functional improvement with the use of Voltaren as required by the guidelines. Therefore, the requested retrospective Voltaren XR 100mg #60 x 2 dos: 5/27/15 is not medically necessary.