

Case Number:	CM15-0117346		
Date Assigned:	06/25/2015	Date of Injury:	01/02/2013
Decision Date:	07/30/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/17/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 56 year old female who sustained an industrial injury on 1/2/13. She had complaints of pain in her back, left hip, left knee and left foot. Treatments to date include: medications, physical therapy, back and knee braces and injections. Treating orthopedic evaluation note dated 5/22/15 reports the injured worker with ongoing complaints of constant pain and stiffness in her mid and low back radiating to both hips, left hip pain, left knee pain, left thigh pain and heel pain. The physical examination of the low back revealed limited range of motion, tenderness on palpation, muscle spasm, and normal motor and sensory examination. The current medication list was not specified in the records provided. A recent detailed examination of the gastrointestinal tract was not specified in the records provided. Diagnoses include: lumbar spine sprain and strain with possible internal derangement, left hip sprain and strain with possible internal derangement, left knee sprain and strain with possible internal derangement. Work status is temporarily totally disabled. Plan of care includes: conservative treatment and diagnostic testing, prescriptions written for analgesic, anti-inflammatory and muscle relaxing medications to be taken as directed. Assess progress at follow up visit in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications page 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter Pain (updated 07/15/15) Diclofenac.

Decision rationale: Request: Diclofenac 100mg #60 Diclofenac belongs to a group of drugs called non-steroidal anti-inflammatory drugs (NSAIDs). According to CA MTUS, Chronic pain medical treatment guidelines, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000)." In addition as per cited guideline, diclofenac is "Not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%." Another meta-analysis supported the substantially increased risk of stroke with diclofenac, further suggesting it not be a first-line NSAID, "it should only be used for the shortest duration possible in the lowest effective dose due to reported serious adverse events. Post marketing surveillance has revealed that treatment with all oral and topical diclofenac products may increase liver dysfunction, and use has resulted in liver failure and death." In 2009 the FDA issued warnings about the potential for elevation in liver function tests during treatment with all products containing diclofenac sodium. (FDA, 2009) With the lack of data to support superiority of diclofenac over other NSAIDs and the possible increased hepatic and cardiovascular risk associated with its use, alternative analgesics and/or nonpharmacological therapy should be considered. The AGS updated Beers criteria for inappropriate medication use includes diclofenac. (AGS, 2012) Diclofenac is associated with a significantly increased risk of cardiovascular complications and should be removed from essential-medicines lists, according to a new review." Diclofenac is a NSAID. Short term use of a NSAID is considered first line treatment for musculoskeletal pain. HOWEVER, Diclofenac is not recommended as a first-line treatment and has increased risk of cardiovascular side effects. Patient is having chronic pain and is taking Diclofenac for this injury . Response to Diclofenac in terms of functional improvement is not specified in the records provided. The level of the pain with and without medications is not specified in the records provided. The need for Diclofenac on a daily basis with lack of documented improvement in function is not fully established. Any lab tests to monitor for side effects like renal dysfunction due to taking NSAIDS for a long period of time were not specified in the records provided. The current medication list was not specified in the records provided. The request for Diclofenac 100mg #60 is not medically necessary for this patient due to its risk profile.

Cyclobenzaprine 7.5mg #30 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: Cyclobenzaprine 7.5mg #30 with 2 refills. According to CA MTUS guidelines cited below, "Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain." In addition for the use of skeletal muscle relaxant CA MTUS guidelines cited below "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients." She had complaints of pain in her back, left hip, left knee and left foot. Treating orthopedic evaluation note dated 5/22/15 reports the injured worker with ongoing complaints of constant pain and stiffness in her mid and low back radiating to both hips, left hip pain, left knee pain, left thigh pain and heel pain. The physical examination of the low back revealed limited range of motion, tenderness on palpation, muscle spasm. Diagnoses include: lumbar spine sprain and strain with possible internal derangement, left hip sprain and strain with possible internal derangement, left knee sprain and strain with possible internal derangement. The pt also has chronic conditions with abnormal objective findings. These conditions are prone to intermittent exacerbations. Therefore the request for Cyclobenzaprine hydrochloride tablets 7.5mg, Qty: 120, one PO Q8H/PRN is medically necessary and appropriate for prn use during exacerbations.

Pantoprazole 20mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
NSAIDs, GI symptoms & cardiovascular risk, page 68-69.

Decision rationale: Pantoprazole 20mg #30 with 1 refill. Per the CA MTUS NSAIDs guidelines cited below, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events. Patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when: "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." There is no evidence in the records provided that the patient has GI symptoms with the use of NSAIDs. Any current use of NSAIDs is not specified in the records provided. A recent detailed examination of the gastrointestinal tract was not specified in the records provided. The records provided do not specify any objective evidence of GI disorders, GI bleeding or peptic ulcer. The request for Pantoprazole 20mg #30 with 1 refill is not medically necessary in this patient.