

Case Number:	CM15-0119737		
Date Assigned:	06/30/2015	Date of Injury:	09/18/2009
Decision Date:	08/05/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/22/2015

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, Massachusetts

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:

This 52 year old male sustained an industrial injury to the back on 9/18/09. Previous treatment included magnetic resonance imaging, physical therapy, chiropractic therapy, massage, transcutaneous electrical nerve stimulator unit and medications. Magnetic resonance imaging lumbar spine (4/24/15) showed multilevel degenerative changes with disc bulge, protrusion, bilateral neural foraminal narrowing, mild spinal stenosis and multilevel facet arthropathy. In a follow up visit dated 4/24/15, the injured worker complained of ongoing pain to the mid and low back with radiation to the hips and legs, rated 4/10 on the visual analog scale. The injured worker complained of increasing difficulty sleeping at night. The injured worker average 4 hours sleep per night and woke six to eight times. Current diagnoses included lumbar spondylosis without myelopathy, lumbosacral neuritis, sacroiliitis and lumbar radicular pain. The treatment plan included bilateral L4-S1 medial branch block with sacroiliac joint injection for diagnostic purposes, a spine surgery consultation, continuing medications (Percocet, MS Contin, Meloxicam) and switching to Flexeril and Cymbalta for neuropathic pain. Prescriptions were written for Baclofen, Cymbalta, Halcion, MS Contin, Percocet and Protonix.

IMR ISSUES, DECISIONS AND RATIONALES

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

Halcion 0.25 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to the MTUS guidelines, benzodiazepines such as the above medication is not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Additionally, the guidelines state that "tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety." The patient has been on this specific benzodiazepine medication for more than 4 weeks and there is no cited efficacy in the provided medical records to support continued use. Consequently, the medical records and cited guidelines do not support continued use of this medication at this time.

Protonix 40 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms Page(s): 68.

Decision rationale: According to the medical records reviewed and the cited guidelines, the above medication is not clinically necessary for the following reasons: there is no evidence of medication related gastritis documented in the clinic record and the patient is not at increased risk of gastritis as risk factors including advanced age, history of peptic ulcer, gastrointestinal bleeding or concurrent use of NSAID with steroids or anticoagulants are lacking. CA MTUS guidelines state that the use of a proton pump inhibitor should be limited to the recognized indications and not prescribed for prophylactic use if there are no risk factors documented. Additionally it is recommend that it be used at the lowest dose for the shortest possible amount of time. As well, first line agents such as omeprazole or lansoprazole should be considered first line agent as there efficacy is as proven as more expensive agents such as protonix. Considering lack of documented necessity for protonix over first line agents, the medication does not appear to be clinically necessary at this time.

Baclofen 10 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64-66.

Decision rationale: According to MTUS guidelines anti-spasmodic agents such as the prescribed medication are "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Muscle relaxants are recommended as second line option for short-term treatment of acute exacerbation of muscle spasm in patients with chronic lower back pain. According to the cited guidelines muscle relaxants provide no additional benefit in managing chronic back pain and spasm beyond NSAIDs, which the patient is already taking regularly. Additionally efficacy appears to diminish over time and prolonged use increases risk of dependence and tolerance. Consequently, the provided medical records and cited guidelines do not support continued long-term chronic use of muscle relaxants as being clinically necessary at this time. Therefore, the request is not medically necessary.