

Case Number:	CM15-0126987		
Date Assigned:	07/13/2015	Date of Injury:	07/19/2005
Decision Date:	08/07/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/01/2015

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, 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 52 year old male who sustained an industrial /work injury on 7/19/05. He reported an initial complaint of back and neck pain. The injured worker was diagnosed as having s/p L4-5 and L5-S1 global instrumentation and fusion, residual chronic low back and proximal leg pain, bilateral feet numbness, s/p C5-6 anterior discectomy and fusion, multiple cervical spondylosis and disc degeneration, chronic neck pain, bilateral carpal tunnel syndrome and reactive depression. Treatment to date includes medication, diagnostics, and surgery. Currently, the injured worker complained of chronic low back pain and neck pain. Back pain was rated 2-7/10 and neck pain at 3-6/10. Per the primary physician's report (PR-2) on 6/2/15, exam noted normal gait, trunk range of motion reveals flexion at 60 degrees and extension 15 degrees with increased pain at end range, cervical range of motion is decreased in all planes, reflexes are 2+ and symmetric, no long tract signs, seated straight leg raise and Tinel's tests are negative. The requested treatments include Flexeril 5mg and Prevacid 30mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5mg Qty: 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41, 46. 64.

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

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been provided greater than a week supply of Flexeril in combination with NSAIDS. Combined and prolonged use is not indicated and not medically necessary.

Prevacid 30mg Qty:180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton-Pump Inhibitor (PPI). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS and PPI Page(s): 68.

Decision rationale: According to the MTUS guidelines, Prevacid is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. In addition, the claimant had been on NSAIDS for years and long term use of NSAIDS- which increases GI risks is not indicated Therefore, the continued use of Prevacid is not medically necessary.