

Case Number:	CM15-0127616		
Date Assigned:	07/14/2015	Date of Injury:	12/16/2009
Decision Date:	09/10/2015	UR Denial Date:	06/19/2015
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, 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:

This injured worker is a 59 year old male that sustained a work related injury on 12/16/2009. The mechanism of injury was not made known. He was diagnosed with lumbar strain. According to a partially legible handwritten report dated 06/08/2015, chief complaints included lower back pain with radiation. Review of systems was marked abnormal for the eyes and musculoskeletal. Lumbar radiculopathy was noted. The provider requested authorization for Naproxen, Omeprazole, Flexeril and a lumbar brace support. According to a report dated 06/24/2015, the injured worker complained of low back pain that was rated 3 on a scale of 1-10. Objective findings included tenderness to palpation to the lumbar area. The injured worker was treated with TENS (transcutaneous electrical nerve stimulation). Pre-treatment pain was rated 3 and post treatment pain was rated 2. A functional capacity evaluation was to be scheduled. Currently under review is the request for Naproxen 550 mg #60, Omeprazole 20 mg #60, Flexeril 75 mg and lumbar brace purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (nonsteroidal anti-inflammatory drugs) Page(s): 22, 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Anti-inflammatory drugs, NSAIDS.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that NSAIDS (nonsteroidal anti-inflammatory drugs) 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. MTUS specific recommendations for NSAIDs include treatment of osteoarthritis for the shortest time possible and short-term treatment of back pain. It is recommended for acute exacerbations of chronic back pain as a second-line treatment after acetaminophen. It may be useful for breakthrough and mixed pain conditions in patients with neuropathic pain. Other chronic pain conditions are not discussed. ODG (Official Disability Guidelines) states that 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. ODG specific recommendations for NSAIDS (nonsteroidal anti-inflammatory drugs) include treatment of osteoarthritis for the shortest period in patients with moderate to severe pain, for treatment in acute low back pain & acute exacerbations of chronic pain and short-term symptomatic relief of chronic low back pain. In this case, the injured worker's current medication regimen is unknown. It is unclear if the request was for continued use of Naproxen or if this was an initial trial. NSAIDS are only recommended for short-term use. There was no discussion of treatment with other therapies such as acetaminophen. Medical necessity for the requested treatment is not established. The requested treatment is not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Proton Pump Inhibitors.

Decision rationale: According to the CA MTUS, proton pump inhibitors such as Omeprazole (Prilosec), are recommended for patients taking NSAIDs (nonsteroidal anti-inflammatory drugs) with documented GI distress symptoms or specific GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. Official Disability Guidelines (ODG) states that proton pump inhibitors are recommended for patients at risk for gastrointestinal events. Decision to use proton pump inhibitors long-term must be weighed against the risks. The potential adverse effects of long-term proton pump inhibitor use included B12 deficiency, iron deficiency, hypomagnesemia, increased susceptibility to pneumonia, enteric infection and fractures, hypergastrinemia and cancer and more recently adverse cardiovascular effects. Proton pump inhibitors have a negative effect on vascular function, increasing the risk for myocardial infarction. Patients with gastroesophageal reflux disease on proton pump inhibitors had a 1.16 greater risk of myocardial infarction and a 2.00 risk for cardiovascular mortality. Proton pump

usage may be serving as a marker for a sicker population, but this is unlikely, given the lack of increased risk seen in patients taking H2 blockers. (Shah, 2015) In this study, proton pump inhibitor use was associated with a 1.58 fold greater risk of myocardial infarction and in the case-crossover study, adjusted odds ratios of proton pump inhibitor for myocardial risk were 4.61 for the 7 day window and 3.47 for the 14 day window. However, the benefits of proton pump inhibitors may greatly outweigh the risks of adverse cardiovascular effects, with number needed to harm of 4357. (Shih, 2014) Outpatient proton pump use is associated with a 1.5 fold increased risk of community-acquired pneumonia, with the highest risk within the first 30 days after initiation of therapy. (Lamber, 2015) The updated Beers Criteria, which help prevent adverse drug events in older adults, added a recommendation to avoid the use of proton pump inhibitors for more than 8 weeks, except for long-term NSAID users and patients with erosive esophagitis, Barrett's esophagitis, pathologic hypersecretory condition, or a demonstrated need for maintenance therapy. There are many studies demonstrating, in elderly patients, an increased risk for Clostridium difficile infection and bones loss and fractures with the long-term use of proton pump inhibitors. (AGS, 2015) In this case, there is no documentation indicating the patient has any GI symptoms or GI risk factors. Medical necessity for Omeprazole has not been established. The requested medication is not medically necessary.

Flexeril 75mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 64.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs (nonsteroidal anti-inflammatory drugs) in pain and overall improvement. In addition, there was no additional benefit shown in combination with NSAIDs. Efficacy appeared to diminish over time and prolonged use of some medications in this class may lead to dependence. In this case, prior treatment with first-line options is unknown. The injured worker was injured in 2009. Documentation submitted for review included reports from 2014 and 2015. There was no indication that the injured worker was having an acute exacerbation of chronic pain. There was no notation of muscle spasms in the physical examination. Medical necessity for the requested treatment was not established. The requested treatment is not medically necessary.

Lumbar brace, purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar Supports.

Decision rationale: CA MTUS Guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Official Disability Guidelines state that lumbar supports are not recommended for prevention. They are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability and for nonspecific low back pain (very low quality evidence, but may be a conservative option). In this case, the injured worker was injured in 2009. Documentation shows that he was being treated for low back complaints in 2014, indicating that he is beyond the acute phase. There is no documented instability, compression fractures or spondylolistheis. Medical necessity for the requested treatment is not established. The requested treatment is not medically necessary.