

Case Number:	CM15-0163313		
Date Assigned:	09/28/2015	Date of Injury:	11/23/1997
Decision Date:	11/03/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/20/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 52 year old male, who sustained an industrial injury on 11-23-97. The injured worker is undergoing treatment for lumbago and status post posterior lumbar interbody fusion (PLIF) with retained symptomatic hardware. Medical records dated 6-24-15 indicates the injured worker complains of low back pain reported to be improving. Physical exam dated 6-24-15 notes paravertebral lumbar tenderness to palpation with spasm. There is guarded and decreased range of motion (ROM). Strength and sensation are normal. An exam dated 2-4-15 lumbar X-rays indicate, "There is failure of the hardware though there is some osteolysis around the screws. Complete bone consolidation has been confirmed." Treatment to date has included L5-S1 hemilaminotomy and microdiscectomy, L4-S1 interbody fusion, note dated 2-4-15 indicates "he had physical therapy, 2 hardware blocks no significant change. He indicated that he was doing great until physical therapy" and medication. The original utilization review dated 8-10-15 indicates the request for Tramadol 150mg #90, Ondansetron 8mg #30 and Nabumetone 750mg #120 is conditionally non-certified and lansoprazole 30mg #120 and cyclobenzaprine 7.5mg #120 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Lansoprazole 30mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: 120 Lansoprazole 30mg is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The documentation does not indicate that the patient meets the criteria for a proton pump inhibitor therefore the request for Lansoprazole is not medically necessary.

120 Cyclobenzaprine 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: 120 Cyclobenzaprine 7.5mg is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. The documentation indicates that the patient has already been on Cyclobenzaprine long term. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week MTUS recommended time period for this medication. The request for Cyclobenzaprine is not medically necessary.