MAXIMUS Federal Services

Case Number:	CM15-0170459		
Date Assigned:	09/11/2015	Date of Injury:	05/08/2006
Decision Date:	10/08/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/29/2015

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: North Carolina
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 female, who sustained an industrial injury on 5-8-06. The injured worker has complaints of back pain. The documentation noted that the injured worker is having urinary incontinence and reports numbness in the perineum. The injured worker noted that the use of the flector patches during the day and night allows her to ambulate and stand for longer periods of times and she notes a 25 percent decrease in pain. There is tenderness noted over the paraspinal muscles overlying the facet joints and S1 (sacroiliac) joints on both sides. The diagnoses have included lumbar post-laminectomy syndrome; degeneration of lumbar intervertebral disc and lumbosacral radiculitis. Treatment to date has included gabapentin; hydrocodone; flector patches; cyclobenzaprine and lumbar surgery. The original utilization review (8-13-15) non-certified the requests for Medrol (pak) 4mg #1 dose pack of 21; cyclobenzaprine 5mg #90 with 1 refill and famotidine 20mg #60 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol (pak) 4mg #1 dose pack of 21: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): Medrol dose pack. (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, Medrol dose pack.

Decision rationale: The ACOEM and California MTUS do not specifically address the requested medication. The physician desk reference states the requested medication is indicated in the treatment of acute inflammation and pain as well as allergic reactions. The patient does not have any of these diagnoses and therefore the request is not medically necessary.

Cyclobenzaprine 5mg #90 with 1 refill: 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): Muscle relaxants (for pain).

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: 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. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not medically necessary.

Famotidine 20mg #60 with one refill: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, famotidine.

Decision rationale: The ACOEM and California MTUS do not specifically address the requested medication. The physician desk reference states the requested medication is indicated in the treatment of gastritis, peptic ulcer disease and GERD. The patient does not have any of these documented diagnoses due to industrial incident and therefore the request is not medically necessary.