

Case Number:	CM15-0174045		
Date Assigned:	09/15/2015	Date of Injury:	07/18/1999
Decision Date:	10/16/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	09/03/2015

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:

This is a 62-year-old male worker who was injured on 7-18-1999. The medical records reviewed indicated the injured worker (IW) was treated for posterior disc bulges and protrusions at L1-L2 to L5-S1 with flattening of L5 and 7 mm anterolisthesis of L5 on S1, with compromise of the transversing and exiting nerve roots throughout the lumbar spine (per 3-26-15 MRI); medial and lateral meniscus tears, lateral collateral ligament tear and degenerative joint disease, right knee (per MRI 2-4-10); moderate to severe hypertrophic changes of the acromioclavicular joint, impingement syndrome, left shoulder (per MRI 2-4-10); left carpal tunnel syndrome by history; sprain or strain of the lumbar spine, superimposed upon degenerative disc disease with spondylolisthesis and spondylolysis; and advance post traumatic degenerative 'disc' disease of the left knee, status post left total knee arthroplasty. The progress notes (7-23-15) indicated the IW had lower back pain rated 6 out of 10 with radiation of pain, numbness and tingling into the bilateral lower extremities and down to the feet. The IW was not working. He was taking Norco 10-325mg, 5 tablets per day for pain; Motrin (since at least 2-4-15) 800mg 2 tablets per day for inflammation; Zantac (since at least 2-4-15) one tablet for upset stomach due to medications; and Flexeril (since at least 7-23-15) 2 to 3 tablets per day for muscle spasms in the lower back. He failed Oxycontin and switched from Vicodin to Norco due to concerns about the amount of acetaminophen in his medications. Pain decreased from 8 to 9 out of 10 without medications to 3 to 4 out of 10 with medications and he had improvement in performance of activities of daily living; he was also more able to sit, stand, walk and drive. On physical examination (7-23-15) JAMAR grip testing was 24, 26 and 20 kg on the right and 2, 4 and 6 kg on the left. He walked

with a cane in a forward flexed position, favoring the left lower extremity. There was tenderness over the midline of the lumbar spine and over the bilateral lumbar paraspinals with muscle spasms. Lumbar flexion was 55 degrees, extension was -05 degrees, right lateral bending was 25 degrees and left lateral bending was -10 degrees. Lower back pain increased with extremes of extension and left lateral bending. Seated straight leg raise was positive on the left. The treatment plan included continuing current medications, a urine drug screen and transferring the IW's care to a pain specialist. Extra prescriptions were written for the IW's regular medications as he was to be out of town for six weeks. The urine drug screen on 7-23-15 was consistent with the IW's medication. There was a signed opioid agreement on file. A Request for Authorization was received for 90 tablets of Flexeril 10mg, 90 tablets of Motrin 800mg with 2 refills and 30 tablets of Zantac 300mg with 2 refills. The Utilization Review on 8-3-15 non-certified the request for 90 tablets of Flexeril 10mg, 90 tablets of Motrin 800mg with 2 refills and 30 tablets of Zantac 300mg with 2 refills, as the CA MTUS guidelines were not met.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 tablets of Flexeril 10mg: 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 but rather ongoing back, shoulder and knee 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.

90 tablets of Motrin 800mg with 2 refills: Overturned

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 (non-steroidal anti-inflammatory drugs).

Decision rationale: The California chronic pain medical treatment guidelines section on NSAID therapy states: Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxen being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008) Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another. (Roelofs-Cochrane, 2008) See also Anti-inflammatory medications. Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. This medication is recommended for the shortest period of time and at the lowest dose possible. The dosing of this medication is within the California MTUS guideline recommendations. The definition of shortest period possible is not clearly defined in the California MTUS. Therefore the request is medically necessary.

30 tablets of Zantac 300mg with 2 refills: 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, Zantax.

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