MAXIMUS Federal Services

Case Number:	CM15-0177082		
Date Assigned:	09/17/2015	Date of Injury:	02/14/2014
Decision Date:	11/09/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/09/2015

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:

The injured worker is a 54 year old male, who sustained an industrial injury on 2-14-14. Medical records indicate that the injured worker is undergoing treatment for post-surgical myofascitis, rule out lower ventral hernia, strain of lower abdominal wall, strain of pelvic suprapubic area, strain of left groin and chronic myofascial pain syndrome. Treatment to date has included emergency right inguinal hernia repair on 6-2-15, oral medications including Naproxen 550mg since at least 12-18-14 and Omeprazole, acupuncture and activity restrictions. Currently on 8-6-15, the injured worker complains of intermittent moderate low back pain with numbness and tingling and is status post right inguinal hernia repair. He is currently working with restrictions. Physical exam performed on 8-6-15 revealed mid line scar with tenderness in the abdomen rectus muscle and lower abdomen and along the midline with tenderness of left groin and suprapubic area; and exam of lumbar spine revealed tenderness to palpation of the lumbar paravertebral musculature and over the level of L5-S1 facets with restricted range of motion due to pain and muscles spasms are noted. The treatment plan included requests for Nabumetone 750mg #60, Cyclobenzaprine 10mg 360 and Omeprazole 20mg #60. On 5-7-15 and 8-25-15, utilization review non-certified 4 acupuncture sessions noting guidelines recommend a trial of up to 6 treatments over a 1-3 week period with documented evidence of functional improvement; in this case there are no measures of any specific functional deficits that have been reported improved with ongoing treatment with acupuncture; Nabumetone 750mg #60 noting guidelines recommend short term, low dose treatment of moderate to severe pain associated with osteoarthritis and chronic back pain and the injured worker has received Nabumetone since 11-14 with continued pain and stiffness; Omeprazole 20mg #60 noting

guidelines recommend for patients who are prescribed (NSAIDs) non-steroidal anti-inflammatory drugs who are found to be at intermediate risk or higher for developing gastrointestinal events, in this case the request for continuing NSAID therapy was not certified and he does not have a history of gastrointestinal events; and modified a request for cyclobenzaprine 10mg #60 noting guidelines recommend short term treatment for acute exacerbation of chronic back pain; it is not recommended for longer than 3 weeks in this case a short course of cyclobenzaprine is indicated to treat the pain and chronic muscle spasm not to exceed 2 weeks duration #30 were certified and #30 were not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 acupuncture sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back / Acupuncture.

Decision rationale: The MTUS recommends acupuncture as an option when pain medication is reduced or not tolerated, and it may be used as an adjunct to physical rehabilitation and or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient and reduce muscle spasm. Time to produce functional improvement is 3-6 treatments, 1-3 times a week for 1-2 months. This passive intervention should be an adjunct to active rehab efforts. ODG Acupuncture Guidelines: Initial trial of 3-4 visits over 2 weeks. With evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.) A review of the injured workers medical records reveal that the injured worker has already been approved for 8 acupuncture sessions, however there is no documentation of pain or functional improvement with prior acupuncture, without this information medical necessity for additional sessions is not established. Therefore the request for 4 acupuncture sessions is not medically necessary.

1 prescription of Nabumetone 750 mg #60: 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 (non-steroidal anti-inflammatory drugs).

Decision rationale: Per the MTUS, NSAIDs are 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. A review of the injured workers medical records reveal that he is being treated for chronic moderate pain, the continued use of an NSAID appears appropriate, therefore the request for Nabumetone 750 mg #60 is not medically necessary.

Cyclobenzaprine 10 mg #60: 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): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: Per the MTUS, Cyclobenzaprine is recommended as an option in the treatment of chronic pain using a short course of therapy. It is more effective than placebo in the management of back pain, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment suggesting that shorter courses may be better. Treatment should be brief. Treatment is not recommended for longer than 2-3 weeks. A review of the injured workers medical records reveal documentation of ongoing muscle spasms, therefore the request for Cyclobenzaprine 10 mg #60 is medically necessary.

Omeprazole 20 mg #60: 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, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) / Proton Pump Inhibitors (PPIs).

Decision rationale: Per the MTUS, Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors according to specific criteria listed in the MTUS and a selection should be made based on these 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). Per the ODG, PPI's are "Recommended for patients at risk for gastrointestinal events. Prilosec (omeprazole), Prevacid (lansoprazole) and Nexium (esomeprazole magnesium) are PPIs. Healing doses of PPIs are more effective than all other therapies, although there is an increase in overall adverse effects compared to placebo. Nexium and Prilosec are very similar molecules. (Donnellan, 2010) In this

RCT omeprazole provided a statistically significantly greater acid control than lansoprazole. (Miner, 2010) In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Studies suggest, however, that nearly half of all PPI prescriptions are used for unapproved indications or no indications at all. Many prescribers believe that this class of drugs is innocuous, but much information is available to demonstrate otherwise. Products in this drug class have demonstrated equivalent clinical efficacy and safety at comparable doses, including esomeprazole (Nexium), lansoprazole (Prevacid), omeprazole (Prilosec), pantoprazole (Protonix), dexlansoprazole (Dexilant), and rabeprazole (Aciphex). (Shi, 2008) A trial of omeprazole or lansoprazole had been recommended before prescription Nexium therapy (before it went OTC). The other PPIs, Protonix, Dexilant, and Aciphex, should be second-line. According to the latest AHRQ Comparative Effectiveness Research, all of the commercially available PPIs appeared to be similarly effective. (AHRQ, 2011)" A review of the injured workers medical records reveal that he is being prescribed omeprazole for the treatment of "stomach upset" given his clinical history and presentation, the use of omeprazole is appropriate. Therefore the request for Omeprazole 20 mg #60 is medically necessary.