MAXIMUS Federal Services

Case Number:	CM15-0178887		
Date Assigned:	09/21/2015	Date of Injury:	01/29/2007
Decision Date:	10/29/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/11/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 66 year old male, who sustained an industrial injury on 01-29-2007. He has reported subsequent lumbar back pain radiating to the bilateral lower extremity pain and was diagnosed with chronic pain syndrome and degeneration of lumbar intervertebral disc. Minimal medical documentation was submitted. Treatment to date has included oral pain medication and 8 physical therapy visits. Physical therapy was noted to provide good pain relief but no significant functional improvement. Cyclobenzaprine and Vimovo were prescribed at least since 03-16-2015. Activities of daily living were noted to improve with medication. In a progress note dated 08-13-2015, the injured worker reported constant low back pain with radiation to the lower extremities that was the same. Objective examination findings showed tenderness of the paraspinal region at L4 and the iliolumbar region on the left and right and pain with range of motion. The physician noted that current pain medication controlled the pain. The physician also indicated that the injured worker was complaining of back and leg pain, had no neurologic deficits and that MRI showed lumbar degenerative disc disease, thus a lumbar epidural steroid injection was recommended. The injured worker was noted to be retired. A request for authorization of Vimovo 500 mg - 20 mg, sixty count with three refills, Cyclobenzaprine 10 mg, sixty count with five refills and lumbar epidural steroid injection was submitted. As per the 08-19-2015 utilization review, the requests for Vimovo 500 mg - 20 mg, sixty count with three refills, Cyclobenzaprine 10 mg, sixty count with five refills and lumbar epidural steroid injection were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vimovo 500 mg - 20 mg, sixty count with three refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website http://www.drugs.com/.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter under Vimovo.

Decision rationale: Based on the 08/13/15 progress report provided by treating physician, the patient presents with back and leg pain. The patient is status post bilateral total hip arthroplasty on May and October 2012. The request is for VIMOVO 500 MG - 20 MG, SIXTY COUNT WITH THREE REFILLS. RFA with the request not provided. Patient's diagnosis on 08/13/15 includes degeneration of lumbar intervertebral disc and chronic pain syndrome. Physical examination to the lumbar spine on 08/13/15 revealed tenderness of the paraspinal region at L4 and the iliolumbar region on the left and right and pain with range of motion. Treatment to date has included imaging studies, physical therapy, home exercise program and medications. Patient's medications include Vimovo, Cyclobenzaprine, Lisinopril/HCTZ, Atorvastatin and Lorazepam. Patient's work status not provided. MTUS and ACOEM Guidelines do not address this request. ODG guidelines, Pain chapter under Vimovo states: "not recommended as a first-line therapy". The NSAID/PPI combo is indicated to relieve signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis while decreasing the risks of NSAID-related gastric ulcers in susceptible patients. As with Nexium, a trial of omeprazole and naproxen or similar combination is recommended before Vimovo therapy. Vimovo has been included in patient's medications, per progress reports dated 03/16/15 and 08/13/15. It is not know when this medication was initiated. In this case, the patient does not present with osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis for which Vimovo would be indicated. There is no documentation of GI risk factors to warrant a combination NSAID/PPI therapy, either. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.

Cyclobenzaprine 10 mg, sixty count with five refills: 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: Based on the 08/13/15 progress report provided by treating physician, the patient presents with back and leg pain. The patient is status post bilateral total hip arthroplasty on May and October 2012. The request is for CYCLOBENZAPRINE 10 MG, SIXTY COUNT WITH FIVE REFILLS. RFA with the request not provided. Patient's diagnosis on 08/13/15 includes degeneration of lumbar intervertebral disc and chronic pain syndrome. Physical examination to the lumbar spine on 08/13/15 revealed tenderness of the paraspinal region at L4 and the iliolumbar region on the left and right and pain with range of motion. Treatment to date has included imaging studies, physical therapy, home exercise program and medications. Patient's medications include Vimovo, Cyclobenzaprine, Lisinopril/HCTZ, Atorvastatin and

Lorazepam. Patient's work status not provided. MTUS, Muscle relaxants for pain Section, pg 64 states that Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic anti-depressants (e.g. Amitriptyline)" This medication is not recommended to be used for longer than 2-3 weeks." MTUS, Cyclobenzaprine (Flexeril) Section, page 41 states: "Recommended as an option, using a short course of therapy." Cyclobenzaprine has been included in patient's medications, per progress reports dated 03/16/15 and 08/13/15. MTUS recommends Cyclobenzaprine, only for a short period (no more than 2-3 weeks). The patient has been prescribed this medication at least since 03/16/15, which is more than 5 months from UR date of 08/19/15. The request for additional prescription of Flexeril would exceed guideline recommendations. Furthermore, the request for quantity 60 with 5 refills is excessive and does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.

Lumbar epidural steroid injection: 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): Epidural steroid injections (ESIs).

Decision rationale: Based on the 08/13/15 progress report provided by treating physician, the patient presents with back and leg pain. The patient is status post bilateral total hip arthroplasty on May and October 2012. The request is for LUMBAR EPIDURAL STEROID INJECTION. RFA with the request not provided. Patient's diagnosis on 08/13/15 includes degeneration of lumbar intervertebral disc and chronic pain syndrome. Treatment to date has included imaging studies, physical therapy, home exercise program and medications. Patient's medications include Vimovo, Cyclobenzaprine, Lisinopril/HCTZ, Atorvastatin and Lorazepam. Patient's work status not provided. MTUS Guidelines, Epidural Steroid Injections Section, pages 46-47 has the following criteria under its chronic pain section: "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." Per 08/13/15 report, treater states "Patient is complaining of back and leg pain. Patient has no neurologic deficit(s). MRI shows lumbar DDD. Thus lumbar epidural steroid injection is recommended." Physical examination to the lumbar spine on 08/13/15 revealed tenderness of the paraspinal region at L4 and the iliolumbar region on the left and right and pain with range of motion. Review of medical records do not indicate the patient had prior lumbar epidural steroid injections. An ESI trial would appear to be indicated given patient's low back pain and leg symptoms. However, MTUS requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Although the patient presents with radiculopathy, MRI is not provided to corroborate pathologies consistent with potential nerve root lesion. Furthermore, there are no remarkable physical examination finding to support radiculopathy. In the absence of a clear dermatomal distribution of pain corroborated by imaging or electrodiagnostic studies, ESI is not indicated. Therefore, the request IS NOT medically necessary.