MAXIMUS Federal Services

Case Number:	CM15-0076013		
Date Assigned:	04/27/2015	Date of Injury:	06/13/2011
Decision Date:	05/29/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/21/2015

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: Internal 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 44-year-old male, with a reported date of injury of 06/13/2011. The diagnoses include low back pain, with radiating pain to the lower extremities; status post lumbar spine surgery for probable decompression at L5-S1, residual right lower extremity radiculopathy; right leg pain; bilateral hip pain; and bilateral knee pain. Treatments to date have included physical therapy, chiropractic treatment, an x-ray of the right and left hip, an MRI of the pelvis, computerized tomography (CT) scan of the right and left hip, an MRI of the lumbar spine, an x-ray of the lumbar spine, a right knee brace, epidural steroid injections, and oral medications. The progress report dated 02/09/2015 was handwritten and somewhat illegible. The report indicates that the injured worker had low back pain, and he had not started physical therapy. It was noted that his condition was worsening. The objective findings include tenderness to palpation of the lumbar spine, and positive right straight leg raise test. The treating physician requested Fexmid 7.5mg #60 and Prilosec 20mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant (for pain).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Pages 41-42. Muscle relaxants, pages 63-66. Decision based on Non-MTUS Citation FDA Prescribing Information Fexmid http://www.drugs.com/pro/fexmid.html.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Chronic Pain Medical Treatment Guidelines state that Cyclobenzaprine (Fexmid) is an option for a short course of therapy. Treatment should be brief. The addition of Cyclobenzaprine to other agents is not recommended. FDA guidelines state that Cyclobenzaprine is indicated for acute musculoskeletal conditions. Cyclobenzaprine should be used only for short periods (up to two or three weeks) because adequate evidence of effectiveness for more prolonged use is not available. Medical records document chronic low back complaints. The date of injury is 6/13/11. Medical records document that the patient's occupational injuries are chronic. MTUS, ACOEM, and FDA guidelines do not support the use of Cyclobenzaprine (Flexmid) for chronic conditions. Medical records indicate the long-term use of Cyclobenzaprine, which is not supported by MTUS or FDA guidelines. Therefore, the request for Flexmid (Cyclobenzaprine) is not medically necessary.

Prilosec 20mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, page 68-69.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole, is recommended for patients with gastrointestinal risk factors. High dose NSAID use is a gastrointestinal risk factor. The request for authorization dated 3/3/15 documented requests for Fexmid and Prilosec. No NSAID prescription was documented. The primary treating physician's progress reports dated 3/3/15 did not document NSAID prescription. Because of the absence of documented gastrointestinal risk factors, the request for the proton

pump inhibitor Prilosec (Omeprazole) is not supported by MTUS guidelines. Therefore, the request for Prilosec (Omeprazole) is not medically necessary.