

Case Number:	CM15-0077499		
Date Assigned:	04/28/2015	Date of Injury:	06/10/2009
Decision Date:	06/30/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/22/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 33 year old male who sustained an industrial injury on 06/10/2009 in a motor vehicle accident. The injured worker was diagnosed with lumber sprain/strain, lumbar radiculopathy and insomnia. Treatment to date includes oral and topical analgesics. According to the primary treating physician's progress report on February 17, 2015, the injured worker continues to experience constant back pain. The injured worker rates his pain level at 6/10 and is relieved with medications. The injured worker also reports difficulty sleeping and stress. Examination of the lumbar spine demonstrated decreased range of motion with painful straight leg raise bilaterally. Current medications are listed as Hydrocodone, Cyclobenzaprine, Ibuprofen and Prilosec. Treatment plan consists of epidural steroid injection (ESI), acupuncture therapy and physiotherapy/CMT, and the current request for medication renewal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 22, 67, 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: This 33 year old male has complained of low back pain since date of injury 6/10/09. He has been treated with physical therapy and medications to include NSAIDS since at least 10/2014. The current request is for Ibuprofen. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS for at least 5 months duration. There is no documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. On the basis of this lack of documentation, Ibuprofen is not indicated as medically necessary in this patient.

Cyclobenzaprine 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: This 33 year old male has complained of low back pain since date of injury 6/10/09. He has been treated with physical therapy and medications to include Cyclobenzaprine for at least 4 weeks duration. The current request is for Cyclobenzaprine. Per MTUS guidelines, treatment with cyclobenzaprine should be reserved as a second line agent only and should be used for a short course (2 weeks) only; additionally, the addition of cyclobenzaprine to other agents is not recommended. Per MTUS guidelines, cyclobenzaprine is not considered medically necessary for this patient.

Hydrocodo/APAP 10-325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trial of Opioids Page(s): 76-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 33 year old male has complained of low back pain since date of injury 6/10/09. He has been treated with physical therapy and medications to include opioids since at least 10/2014. The current request is for Hydrocodone/APAP 10-325 mg. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Hydrocodone/APAP 10-325 mg is not indicated as medically necessary.

Prilosec 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 67-68.

Decision rationale: This 33 year old male has complained of low back pain since date of injury 6/10/09. He has been treated with physical therapy and medications to include opioids since at least 10/2014. The current request is for Prilosec. No treating physician reports adequately describe the relevant signs and symptoms of possible GI disease. No reports describe the specific risk factors for GI disease in this patient. In the MTUS citation listed above, chronic use of PPIs can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficile colitis. Based on the MTUS guidelines cited above and the lack of medical documentation, Prilosec is not indicated as medically necessary in this patient.