

Case Number:	CM15-0091344		
Date Assigned:	05/15/2015	Date of Injury:	08/20/2005
Decision Date:	06/18/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/12/2015

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, Indiana, New York
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 66 year old male who sustained an industrial injury on 8/20/05 injuring his back while moving equipment. He currently complains of constant, sharp back pain radiating to the bilateral lower extremities. In addition he is experiencing numbness and tingling, sleep difficulties and decreased activities. He had a neurosurgical consult and is not a candidate for surgery. Medications are cyclobenzaprine, Duexis, gabapentin and hydrocodone. On physical exam he exhibits tenderness in the right and left lumbar paravertebral regions at L4-5 and L5-S1 and restricted lumbar range of motion. Diagnoses include lumbosacral spondylosis without myelopathy; lumbar radiculopathy. Treatments to date include rest, activity modification, non-steroidal anti-inflammatory medications, physical therapy, home exercise, physical therapy with no relief, epidural steroid injections with no relief, pain management with some relief and acupuncture with no relief. He has had x-rays and MRI's (no specific results available). In the progress note dated 5/4/15 the treating provider's plan of care includes cyclobenzaprine and Duexis and to continue current pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Antispasmodics, Cyclobenzaprine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxers Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxers.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Cyclobenzaprine (Flexeril) 10 mg #30 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are lumbosacral spondylosis; and lumbar radiculopathy. The documentation shows the injured worker has been taking cyclobenzaprine (Flexeril) according to a progress note dated February 20, 2015. The exact start date is unclear based on the available documentation available for review. The most recent progress note in the medical record May 4, 2015 (same request for authorization date) shows the injured worker is still taking cyclobenzaprine 10mg. The documentation indicates subjective complaints of back pain 10/10. The injured worker failed conservative treatments consisting of physical therapy, acupuncture and epidural steroid injections. Objectively, the injured worker has tenderness to palpation over the right paravertebral muscle groups. There is no spasm documented. Cyclobenzaprine is indicated for short-term (less than two weeks). The treating physician exceeded the recommended guidelines by continuing cyclobenzaprine in excess of three months. Consequently, absent compelling clinical documentation with objective functional improvement to support the ongoing use of Cyclobenzaprine 10 mg, Cyclobenzaprine (Flexeril) 10 mg #30 is not medically necessary.

Duexis 26.6/800mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Duexis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a687011.html>.

Decision rationale: Duexis 26.6mg/800mg #90 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional nonsteroidal anti-inflammatory drugs and COX-2 nonsteroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. Famotidine is an H2 receptor blocker used to treat ulcers, gastroesophageal reflux disease, dyspepsia, and the condition where the stomach produces too much acid called Zollinger Ellison syndrome. For additional details see the attached link. In this case, the injured worker's working diagnoses are lumbosacral spondylosis; and

lumbar radiculopathy. The documentation shows the injured worker has been taking Duexis (Ibuprofen 800mg and Famotidine 26.6mg) according to a progress note dated February 20, 2015. The exact start date is unclear based on the available documentation available for review. The most recent progress note in the medical record May 4, 2015 (same request for authorization date) shows the injured worker is still taking Duexis. The documentation indicates subjective complaints of back pain 10/10. The injured worker failed conservative treatments consisting of physical therapy, acupuncture and epidural steroid injections. Objectively, the injured worker has tenderness to palpation over the right paravertebral muscle groups. There is no spasm documented. There are no co-morbid conditions or past medical history consisting of peptic ulcer disease, gastroesophageal reflux disease or dyspepsia. Consequently, absent clinical documentation with a clinical indication or rationale for an H2 receptor blocker, Duexis 26.6mg/800mg #90 is not medically necessary.