

<b>Case Number:</b>	CM13-0003062		
<b>Date Assigned:</b>	03/07/2014	<b>Date of Injury:</b>	06/18/2010
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	07/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 42-year-old who was reportedly injured on June 18, 2010. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated July 3, 2013, indicates that there were ongoing complaints of lumbar spine pain. The physical examination demonstrated limited range of motion of the lumbar spine. The treatment plan included prescriptions of Vicodin, Norflex and Protonix. Work conditioning was also recommended. A request had been made for Vicodin, Norflex and Protonix and was not certified in the pre-authorization process on July 18, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 5/500, sixty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 78, and 93.

**Decision rationale:** California Medical Treatment Utilization Schedule supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well

as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee suffered from chronic pain; however, there was no clinical documentation of improvement in the pain or function with the current regimen. As such, the request for Vicodin 5/500, thirty count, is not medically necessary.

**Norflex 100mg, thirty count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41, 64.

**Decision rationale:** The California Medical Treatment Utilization Schedule supports the use of skeletal muscle relaxants for the short-term treatment of pain, but advises against long-term use. Given the claimant's date of injury and clinical presentation, the guidelines do not support this request for chronic pain. As such, the request for Norflex 100mg, thirty count, is not medically necessary or appropriate.

**Protonix 20mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**Decision rationale:** The California Medical Treatment Utilization Schedule supports the use of skeletal muscle relaxants for the short-term treatment of pain but advises against long-term use. Given the claimant's date of injury and clinical presentation, the guidelines do not support this request for chronic pain. As such, the request for Protonix 20 mg is not medically necessary or appropriate.