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| Case Number: | CM13-0024876 | | |
| Date Assigned: | 11/20/2013 | Date of Injury: | 10/18/2011 |
| Decision Date: | 01/29/2014 | UR Denial Date: | 08/29/2013 |
| Priority: | Standard | Application Received: | 09/16/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 physician 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 patient is a 38-year-old male who reported an injury on 10/18/2011 with a mechanism of injury that was not provided. The patient's diagnosis was noted to include cervical radiculitis/neuritis and the request was made for Norflex 100 mg #60, Prilosec 20 mg #60, and Medrox patches #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100mg #60: 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 Chronic Pain Medical Treatment Guidelines, section on Orphenadrine, Muscle Relaxants, and Anti-S.

Decision rationale: The MTUS Chronic Pain Guidelines indicate that antispasmodics including Norflex are used to decrease muscle spasm and conditions such as low back pain. The patient's physical examination results included in the medical records provided for review reveals tenderness along the cervical and lumbar paraspinal muscles. The patient was noted to have tenderness along the collateral ligament, mild swelling throughout the joint and weakness with resistance to flexion and extension -5/5. The clinical documentation, however, failed to indicate

that the patient has experienced muscle spasms. Additionally, the medical records failed to indicate the efficacy of the requested medication. Given the above, the request for Norflex 100 mg #60 is not medically necessary and appropriate.

Prilosec 20mg #60: 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 Chronic Pain Medical Treatment Guidelines, section on NSAIDS Page(s): 69..

Decision rationale: The MTUS Chronic Pain Guidelines recommend proton pump inhibitors (PPI) for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to indicate the efficacy of the requested medication. Additionally, it failed to provide proof that the patient had signs and symptoms of dyspepsia. Given the above and the lack of documentation, the request for Prilosec 20 mg #60 is not medically necessary and appropriate.