

Case Number:	CM13-0048528		
Date Assigned:	12/27/2013	Date of Injury:	06/03/2011
Decision Date:	02/26/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/06/2013

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 Orthopedic Surgery and is licensed to practice in Texas. 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 43-year-old female who reported an injury on 06/03/2011. The mechanism of injury was not provided. The patient's diagnosis was noted to be degeneration of cervical intervertebral disc. The request was made for medication refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 40 mg a day QTY: 30.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

Decision rationale: California MTUS recommends PPI's for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to provide the efficacy of the requested medication. Additionally, it failed to provide the patient had signs and symptoms of dyspepsia. Given the above, the request for Pantoprazole 40 mg a day QTY: 30.00 is not medically necessary.

Lyrica 150 mg 3 caps a day, QTY: 90.00: 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): 16.

Decision rationale: California MTUS guidelines indicate that Lyrica is recommended for neuropathic pain. The clinical documentation submitted for review failed to provide the efficacy of the requested medication. Additionally, there was a lack of an objective physical examination to support the diagnosis of neuropathic pain. Given the above, the request for Lyrica 150 mg 3 caps a day, QTY: 90.00 is not medically necessary.

Norco 10/325 mg every 4 hours, QTY: 180.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 78.

Decision rationale: California MTUS guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical documentation submitted for review failed to provide documentation of the 4 A's. Additionally, there was lack of documentation of exceptional factors to warrant non-adherence to Guideline recommendations. Given the above, the request for Norco 10/325 mg every 4 hours, QTY: 180.00 is not medically necessary.

Orphenadrin (Norflex) 100 mg twice a day, QTY: 60.00: 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): 63, 64.

Decision rationale: California MTUS guidelines indicate that Orphenadrine is an antispasmodic that is used to decrease back spasms in LBP although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The clinical documentation submitted for review failed to provide the efficacy of the requested medication. Additionally, there was a lack of documentation of a thorough objective physical examination to support the usage of the medication. Given the above, the request for Orphenadrin (Norflex) 100 mg twice a day, QTY: 60.00 is not medically necessary.