MAXIMUS Federal Services

Case Number:	CM13-0048581		
Date Assigned:	03/03/2014	Date of Injury:	09/14/2005
Decision Date:	06/11/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/06/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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 patient is an employee of [redacted]. who has submitted a claim for lumbar disc displacement associated with an industrial injury on September 14, 2005. Treatment to date has included oral and topical analgesics and lumbar spine surgery. Utilization review dated October 15, 2013 denied request for Anaprox 500mg #60, Prilosec DR 20mg #30 and Norflex 100mg #60 because indications such as acute pain, GI disease or secondary GI side effects and acute myospasm, respectively, were not found. Medicals records from March to October 2013 were reviewed showing patient to have failed back syndrome and lumbar disc disease s/p laminectomy and L4-L5 fusion. He has intractable chronic lumbar pain with radiculopathy on both lower extremities. Physical examination findings were status quo as noted on progress reports dated April 16 to October 1, 2013 showing bilateral tenderness and spasms of the L3-5 paraspinous muscles, decreased range of motion (extension 10 degress, flexion 40 degrees, bilateral lateral bending at 15 degrees, rotation 20 degrees), tenderness at SI joint, positive left FABER sign. Pain with extension of the back localizing to the lumbar facet joints, positive bilateral SI pain (right more than the left) with SI compression. Progress reports from June 3 to October 1, 2013 state that there was reduced pain and increased functional capacity with current medication regimen which allows the patient to continue to be able to work for 5-6 hours a day. Pain level has been constant (5/10 with medications and 8-9/10 without medications) from June to August 2013 with slight improvement (3-4/10 with medications and 8-9/10 without medications) on October 2013. The patient has been on Norflex 100mg BID, Neurontin(gabapentin) 600mg, Prilosec DR 20 mg/d and Mediderm cream and patch as far back as March 2013. Progress reports dated April 16 and June 3, 2013 showed Anaprox 500mg BID and Tramadol ER 150mg, respectively, being taken by the patient however records did not show when it was actually prescribed. The patient reports that Anaprox and Tramadol reduces pain and

inflammation, Gabapentin reduces his neuropathic pain and Norflex reduces his paraspinal muscle spasms. He has been instructed to take the medications on an as needed basis however it was not stated how frequent the patient was actually taking it. There was also no mention of GI disturbances and frequency of Prilosec intake.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANAPROX 500MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

Decision rationale: Anaprox is a brand name for Naproxen, an NSAID. The California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDS are recommended as an option for short-term symptomatic relief for chronic low back pain, while it is recommended as a second-line treatment for acute exacerbations of chronic back pain after acetaminophen. Studies in patients with axial low back pain show that NSAIDs were not more effective than acetaminophen for acute low-back pain, and that acetaminophen had fewer side effects. In this case, the patient has been using Anaprox since April 2013, however frequency and duration was not specified. Request did not indicate whether Anaprox is for short term use only. Medical records did not show trial and failure of acetaminophen to relieve pain. Furthermore, there is no discussion concerning the need for variance from the guidelines. Therefore, the request for Anaprox 500mg #60 is not medically necessary and appropriate.

PRILOSEC DR 20MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors..

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

Decision rationale: Prilosec is a brand name for the proton pump inhibitor omeprazole. The California MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are recommended for patient's who are at high risk for gastrointestinal events. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. In this case, the patient has been using Prilosec since March 2013 however frequency and duration of use was not specified. Recent progress notes did not indicate the patient having a high risk for gastrointestinal events nor were there any complaints of GI upsets. There is no discussion concerning the need for variance from the MTUS guidelines. Therefore, the request for Prilosec 20mg #30 is not medically necessary and appropriate.

NORFLEX 100MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-65.

Decision rationale: Norflex is a brand name for orphenadrine, an antispasmodic/muscle relaxant. According to the MTUS Chronic Pain Medical Treatment Guidelines, skeletal muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement neither is there additional benefit shown in combination with NSAIDs. Efficacy diminishes over time, and prolonged use may lead to dependence and abuse for euphoria and mood elevating effects. In this case, the patient was on prolonged use of Norflex dating as far back as March 2013. In addition this, NSAID failure to relieve pain was not established. Long-term use is not recommended. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for Norflex 100mg #60 is therefore not medically necessary and appropriate.