

Case Number:	CM13-0062680		
Date Assigned:	12/30/2013	Date of Injury:	05/13/2009
Decision Date:	04/15/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/09/2013

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 Internal Medicine, Pulmonary Diseases, 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 a 46-year-old male who reported an injury on 05/13/2009 after attempting to repair a bulldozer that reportedly caused a sudden onset of low back pain. The patient failed all lower levels of pain control and conservative treatments to include surgical interventions, active therapy, epidural steroid injections, and multiple medications. Lumbar fusion was recommended. The patient's most recent clinical evaluation documented medication usage was not providing an adequate amount of relief. Physical findings included muscle guarding of the paravertebral lumbar musculature with 4/5 strength of the left great toe and restricted range of motion secondary to pain. The patient's diagnoses included status post lumbar microdiscectomy at L4-5 with facetectomy at the L4-5, anterior cervical fusion and emotional symptoms. The patient's treatment plan included continuation of medications listed as Prilosec, NSAID, Anaprox, Norflex, and Pristiq. It was also recommended the patient undergo consultation for spinal cord stimulator implantation.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REVIEW FOR NAPROXEN (ANAPROX) 550MG QTY 120 TABLETS PROVIDED ON 11/07/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation SPECIFIC DRUG LIST& ADVERSE EFFECTS AND NSAIDS; GI SYMPTOMS& CARDIOVASCULAR RISK.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MEDICATIONS FOR CHRONIC PAIN AND NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS) Page(s): 60,67.

Decision rationale: The requested naproxen 550 mg qty 120 tablets provided on 11/07/2013 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does support the use of non-steroidal anti-inflammatory drugs in the management of chronic pain. However, Medical Treatment Utilization Schedule recommends continued use of medications in the management of chronic pain be supported by documentation of functional benefit and an assessment of pain relief. The clinical documentation submitted for review does provide evidence that the patient has been on this medication since at least 11/2012. There is no documentation of functional benefit. The clinical documentation provided actually states the patient is not receiving adequate relief of symptoms with medications. Therefore, continued use of this medication would not be supported. As such, naproxen (Anaprox) 550 mg qty 120 tablets provided on 11/07/2013 is not medically necessary or appropriate.

RETROSPECTIVE REVIEW FOR NORFLEX ER 100MG QTY 120 TABLETS PROVIDED ON 11/07/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN).

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

Decision rationale: The requested Norflex extended release 100 mg #120 provided on 11/07/2013 is not medically necessary or appropriate. The clinical documentation submitted for review does indicate the patient has been on this medication since at least 11/2012. The patient's most recent documentation noted that the patient's medication schedule was no longer providing adequate pain relief. California Medical Treatment Utilization Schedule does not recommend the extended use of muscle relaxants. Only short courses of treatment of up to 2 to 3 weeks are recommended. As this patient has been on this medication for an extended duration of time and is no longer receiving adequate relief, continued use would no longer be supported. As such, the requested Norflex ER 100 mg #120 provided on 11/07/2013 is not medically necessary or appropriate.

RETROSPECTIVE REVIEW FOR PRISTIQ 50MG QTY 120 TABLETS WITH 3 REFILLS PROVIDED ON 11/07/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PAIN. Decision based on Non-MTUS Citation RXLIST: WWW.RXLIST.COM/PRISTIQ-DRUG.HTM (ONLINE VERSION)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
MEDICATIONS FOR CHRONIC PAIN AND ANTIDEPRESSANTS FOR CHRONIC PAIN
Page(s): 60,13.

Decision rationale: The requested Pristiq 50 mg #120 with 3 refills provided on 11/07/2013 is not medically necessary or appropriate. The clinical documentation submitted for review does indicate the patient has been on this medication since at least 11/2012. California Medical Treatment Utilization Schedule does recommend the use of antidepressants as a first-line medication for chronic pain. However, California Medical Treatment Utilization Schedule does recommend that continuation of medications be based on documentation of functional benefit and an assessment of pain relief. The clinical documentation submitted for review does not provide any evidence the patient has any functional benefit from medication usage. It is noted within the documentation that the patient does not receive adequate pain relief from their current medication schedule. Additionally, there is no functional benefit documented as result of the patient's medication schedule. As such, the requested Pristiq 50 mg #120 with 3 refills provided on 11/07/2013 is not medically necessary or appropriate.

**RETROSPECTIVE REVIEW FOR PRILOSEC 20MG QTY 120 TABLETS PROVIDED
ON 11/07/2013: Upheld**

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES-TWC-PAIN (ONLINE VERSION).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS,
GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 78.

Decision rationale: The requested Prilosec 20 mg #120 provided on 11/07/2013 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. However, California Medical Treatment Utilization Schedule recommends gastrointestinal protectants such as Prilosec for patients who are at risk for developing gastrointestinal events related to medication usage. The clinical documentation submitted for review does not provide an adequate assessment of the patient's gastrointestinal system to support subjective complaints of gastritis. Therefore, the appropriateness of this medication cannot be determined. As such, the requested Prilosec 20 mg #120 provided on 11/07/2013 is not medically necessary or appropriate.