

Case Number:	CM13-0064477		
Date Assigned:	01/03/2014	Date of Injury:	05/11/2010
Decision Date:	05/12/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/11/2013

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 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:

According to the records made available for review, this is a 60-year-old male with a 5/11/10 date of injury. At the time (11/14/13) of request for authorization for Norflex 100mg ER #120 and Protonix 20mg #120, there is documentation of subjective low back pain radiating to the bilateral legs and numbness in the feet) and objective tenderness to palpation over the lumbar paravertebral muscles, left sacroiliac joint, tension over the right iliotibial band, pain in the lateral aspects of both calves, positive straight leg raise, numbness over the dorsal aspect of both feet, muscle spasms in the upper to mid thoracic spine, and decreased lumbar range of motion) findings, current diagnoses (left sacroiliac sprain, lumbar sprain/strain with discogenic changes, status post lumbar spine fusion, bilateral radiculopathy, and myofascial pain syndrome), and treatment to date (Norflex and Protonix since at least 3/28/13). In addition, medical reports identify benefit from Norflex with good relief of muscle spasms and benefit from Protonix for NSAID-induced gastritis. Regarding the requested Norflex 100mg ER #120, there is no documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term (less than two weeks) treatment; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of use of Norflex. Regarding the requested Protonix 20mg #120, there is no documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDS, and that Protonix is being used as a second-line.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORFLEX 100MG ER #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Muscle relaxants (for pain) and Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of left sacroiliac sprain, lumbar sprain/strain with discogenic changes, status post lumbar spine fusion, bilateral radiculopathy, and myofascial pain syndrome. However, despite documentation of chronic low back pain, there is no documentation of acute exacerbation of chronic low back pain. In addition, given documentation of ongoing treatment with Norflex since at least 3/28/13, there is no documentation of use as a second line option for short-term (less than two weeks) treatment. Furthermore, despite documentation of benefit from Norflex with relief of muscle spasms, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of use of Norflex. Therefore, based on guidelines and a review of the evidence, the request for Norflex 100mg ER #120 is not medically necessary.

PROTONIX 20MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Proton Pump Inhibitors (PPIs) and Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by

NSAIDs, and that Protonix is being used as a second-line, as criteria necessary to support the medical necessity of Protonix. Within the medical information available for review, there is documentation of diagnoses of left sacroiliac sprain, lumbar sprain/strain with discogenic changes, status post lumbar spine fusion, bilateral radiculopathy, and myofascial pain syndrome. However, despite documentation identifying benefit from Protonix for NSAID-induced gastritis, there is no documentation the patient currently utilizes NSAIDS; risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDS, and that Protonix is being used as a second-line. Therefore, based on guidelines and a review of the evidence, the request for Protonix 20mg #120 is not medically necessary.