

<b>Case Number:</b>	CM14-0104864		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	06/19/2007
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 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 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 was injured on 06/19/2007. The mechanism of injury is unknown. The patient underwent left L5-S1 discectomy in 2008. Diagnostic studies reviewed include MR performed in 2013 revealed small left sequestered disc herniation. Progress report dated 05/20/2014 states the patient presented to the office with increased central lumbar spine and left buttock and lower extremity pain. Objective findings on exam revealed the patient had difficulty with walking on his tiptoes and heels but had notable weakness of the left ankle. Achilles reflex is absent on the left and +1 on the right. Straight leg raise is positive on the left for leg pain at about 45 degrees. His motor strength revealed left ankle dorsi and plantar flexor is 4+/5. The patient was recommended to continue with medication management which included Naproxen sodium 550 mg, Orphenadrine ER 100 mg and omeprazole 20 mg as per RFA dated 06/05/2014. Prior utilization review dated 06/11/2014 states the request For 1 Prescription Of Naproxen 550mg #60 With 2 Refills is denied as the request is not medically reasonable; 1 Prescription Of Norflex 100mg #30 With 2 Refills is denied as it is not clinically indicated; and 1 Prescription Of Omeprazole 20mg #30 is denied as there is no documented evidence to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg #60 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory drugs) Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter - NSAIDS

**Decision rationale:** Chronic Pain Medical Treatment Guidelines as well as ODG reflect that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is an absence in documentation documenting medical necessity for the long term use of an NSAID. There is no documentation of functional improvement with this medication. Therefore, the medical necessity of this request is not established.

**Norflex 100mg #30 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter - muscle relaxants, and on the Non-MTUS Other Medical Treatment Guideline or Medical Evidence:

<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682162.html>

**Decision rationale:** Chronic Pain Medical Treatment Guidelines as well as ODG does not support the long term use of muscle relaxants. There are no extenuating circumstances to support the long term use of this medication in this case. Therefore, the medical necessity of this request is not established.

**Omeprazole 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI Symptoms & Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS GI symptoms Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:

<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a693050.html>

**Decision rationale:** Chronic Pain Medical Treatment Guidelines notes that PPI are indicated for patients with intermediate or high risk for GI events. There is an absence in documentation noting that this claimant has secondary GI effects due to the use of medications or that he is at an intermediate or high risk for GI events. Therefore, the medical necessity of this request is not established.