

Case Number:	CM14-0110332		
Date Assigned:	08/01/2014	Date of Injury:	01/08/2014
Decision Date:	10/08/2014	UR Denial Date:	07/05/2014
Priority:	Standard	Application Received:	07/15/2014

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, Pain Medicine 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 injured worker is a 61-year-old female who reported an injury on 01/08/2014 after stocking liquor which caused a twisting and bending motion. The injured worker reportedly sustained an injury to her low back with pain that radiated into her lower extremity. The injured worker's treatment history included physical therapy, activity modifications, and medications. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker was evaluated on 06/04/2014. It was documented that the injured worker had persistent low back pain that radiated into the right lower extremity rated at a 3/10 to 4/10. Physical findings included a negative straight leg raising test, tenderness to palpation of the lumbosacral paravertebral musculature with limited range of motion secondary to pain. The injured worker's diagnoses included musculoligamentous sprain/strain, and possible lumbar disc herniation. The injured worker's medications included naproxen 550 mg 1 tablet twice daily, Norco 5/325 mg 1 every 4 to 6 hours, Flexeril 10 mg up to 3 times daily, and Protonix 20 mg 1 tablet twice a day. A Request for Authorization for a refill of medications was submitted on 06/26/2014. A letter of appeal dated 06/26/2014 documented that the injured worker had received a denial for Anaprox. The letter of appeal did not offer any clinical information. A letter of appeal was written on 07/10/2014 due to a denial of Norco. No clinical information was provided in that letter of appeal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #90: 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 Medications for Chronic pain and NSAIDs (non-steroidal anti-inflammatory drugs Page(s): 60,67.

Decision rationale: The California Medical Treatment Utilization Schedule recommends nonsteroidal anti-inflammatory drugs as a first line medication in the management of chronic pain. However, the California Medical Treatment Utilization Schedule recommends that any medication used in the management of chronic pain should be supported by documented functional benefit and evidence of pain relief. The clinical documentation submitted for review indicates that the injured worker has been on this medication since at least 01/2014. However, there is no quantitative assessment of pain relief or documentation of functional benefit to support continued use. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the request for naproxen 550 mg #90 is not medically necessary.

Norco 5/325mg #90: 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 Opioids, On-Going Management, Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule recommends opioids are supported by documented functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation submitted for review does not provide any evidence of functional benefit or pain relief. The clinical documentation does indicate that the injured worker is monitored for aberrant behavior. However, in the absence of efficacy, continued use would not be supported. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Norco 5/325 mg #90 is not medically necessary.

Flexeril 10mg #90: 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 Muscle Relaxants Page(s): 63.

Decision rationale: The California Medical Treatment Utilization Schedule does not recommend the use of muscle relaxants in the management of chronic pain. The California Medical Treatment Utilization Schedule recommends short durations of treatment not to exceed 2 to 3 weeks for acute exacerbations of chronic pain. The clinical documentation does indicate that the injured worker has been on a muscle relaxant since at least 04/2014. Therefore, ongoing use of this medication would not be supported. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Flexeril 10 mg #90 is not medically necessary.

Protonix 20mg #90: 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 NSAIDs, GI symptoms & cardiovascular risk, Page(s): 68.

Decision rationale: The California Medical Treatment Utilization Schedule recommends the ongoing use of gastrointestinal protectants be based on documented risk factors for gastrointestinal disturbances related to medication usage. The clinical documentation submitted for review does not provide an adequate assessment of the injured worker's gastrointestinal system to support that they are at significant risk for developing gastrointestinal related disturbances due to medication usage. Therefore, ongoing use of this medication would not be supported. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Protonix 20 mg #90 is not medically necessary.