

Case Number:	CM14-0124221		
Date Assigned:	08/11/2014	Date of Injury:	06/10/2011
Decision Date:	09/15/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/06/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 52 year old male who reported an injury to his low back. The utilization review dated 08/20/14 resulted in modified approvals for the use of Naproxen, Pantoprazole, and Orphenadrine. The note does indicate the injured worker having responded appropriately to the use of Naproxen; however, the high dosage being administered to the injured worker is not within standard of care treatment. Therefore, the request was modified to a tapering dosage to twice daily. Additionally, given that the injured worker was continuing with the use of Naproxen, the ongoing use of Pantoprazole was also recommended along with Orphenadrine. The clinical note dated 01/02/13 indicates the injured worker continuing with complaints of low back pain. The injured worker reported constant moderate to severe pain in the low back with radiating pain to both lower extremities. The injured worker stated that he was having difficulty bending forwards or backwards. The injured worker's sleep hygiene was also being affected by the low back complaints. The note indicates the injured worker having undergone 2 epidural steroid injections in October and November of 2012. The injured worker reported no significant improvements with his low back complaints. The electrodiagnostic studies completed on 08/21/13 revealed a bilateral S1 radiculopathy. The clinical note dated 06/12/13 indicates the injured worker utilizing Hydrocodone as well as Naproxen, Pantoprazole, and Cyclobenzaprine for ongoing pain relief. There is an indication the injured worker is responding appropriately to the use of Naproxen. Additionally, the use of Pantoprazole is also providing the injured worker with some benefit to eliminate the GI risk. The use of Cyclobenzaprine was also providing the injured worker with some benefit as well. The clinical note dated 05/21/14 indicates the injured worker continuing with the use of Naproxen, Pantoprazole, as well as Orphenadrine. There is an indication the injured worker has objective improvements with the use of the Naproxen. There was also an indication the injured worker has undergone recent lab studies which revealed the

injured worker's liver and renal values to be normal. The use of Orphenadrine was eliminating ongoing spasms. There was also an indication the injured worker is demonstrating some objective improvements with the use of these medications. The note also indicates the injured worker demonstrating no aberrant behaviors.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg Retro 6/11/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen Page(s): 66.

Decision rationale: Non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. There is an indication the use of this medication has been approved provided there was a reduction in the frequency. No information was submitted regarding the patient's response to this reduction. As such, the request for this medication cannot be established as medically necessary.

Pantoprazole 20mg Retro 6/11/14: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors.

Decision rationale: Proton pump inhibitors (PPIs) are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age greater than 65 years; history of peptic ulcer, gastrointestinal bleeding or perforation; concurrent use of acetylsalicylic acid, corticosteroids, and/or an anticoagulant; or high dose/multiple Non-steroidal anti-inflammatory drugs (NSAID). There is no indication that the patient is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use has been shown to increase the risk of hip fracture. As such, the request for this medication cannot be established as medically necessary.

Orphenadrine 100mg Retro 6/11/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

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

Decision rationale: Muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the patient has exceeded the 4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of this medication cannot be established at this time.