MAXIMUS Federal Services

Case Number:	CM14-0172132		
Date Assigned:	10/23/2014	Date of Injury:	04/26/2011
Decision Date:	12/02/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/17/2014

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 Occupational 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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 26, 2011.Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; muscle relaxants; transfer of care to and from various providers in various specialties; electrodiagnostic testing of the lower extremities of August 28, 2014, notable for chronic S1 radiculopathy; and unspecified amounts of physical therapy over the course of the claim.In a Utilization Review Report dated October 13, 2014, the claims administrator partially approved request for Prilosec and denied a request for Norflex outright. The applicant's attorney subsequently appealed. In a September 29, 2014 progress note, the attending provider sought authorization for 12 additional sessions of physical therapy for ongoing complaints of low back, neck, and knee pain. It was acknowledged that the applicant was not currently working. The attending provider stated that he was loosening the applicant's limitations in the hope that the applicant's employer would be able to accommodate the same. In a September 29, 2014 progress note, the applicant reported ongoing complaints of low back, neck, and shoulder pain. The applicant was prescriptions for Lidoderm and Omeprazole. The attending provider suggested that introduction of omeprazole had reduced symptoms of reflux and dyspepsia. In an August 20, 2014 progress note, the applicant was given a prescription for Flexeril 10 mg #60 with three refills. Gabapentin was also endorsed. The attending provider stated that both MRI imaging of the lumbar spine and electrodiagnostic testing of the lower extremities were being sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #360: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, NSAIDs, GI Symptoms, and Cardiovascu.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of proton pump inhibitors such as Prilosec to treat issues with NSAID-induced dyspepsia, as appeared to be present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the 360-tablet supply of Prilosec seemingly represents a year's worth of the same and, by implication, does not contain any proviso so as to periodically re-evaluate the applicant to ensure that ongoing usage of Prilosec continues to remain effective. Therefore, the request is not medically necessary.

Norflex 100mg #540: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for Pain Page(s): 63-66.

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

Decision rationale: While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants such as Norflex are recommended for short-term use purposes, to combat acute exacerbations of chronic low back pain, the 540-tablet supply of Norflex being sought, however, implies chronic, long-term, and/or scheduled usage of the same. Such usage is, however, incompatible with page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.