

Case Number:	CM14-0022783		
Date Assigned:	06/11/2014	Date of Injury:	10/02/2012
Decision Date:	07/15/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	02/24/2014

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 Management, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and 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 injured worker is a 24-year-old male with a reported date of injury on 10/02/2012. The injury reportedly occurred when a refrigerator fell 6 feet, landing on the injured worker's right foot. The injured worker presented with intermittent swelling of the right foot. The injured worker rated his pain at 7/10. In addition, the injured worker complained of Gastrointestinal (GI) pain. Upon physical examination, the injured worker's lumbar spine range of motion revealed flexion to 60 degrees, extension to 5 degrees, bilateral rotation to 25 degrees, and tenderness throughout the right lower lumbar paraspinal musculature. In addition, the injured worker's right ankle dorsiflexion is reduced by 50%, there was a negative bilateral straight leg raise, and minimal range of motion of the right greater toe in either extension or flexion. The MRI of the right foot dated 10/24/2012, revealed second metatarsal head and neck nondisplaced fracture and bone contusion of the shaft. Within the clinical documentation, it was noted the injured worker participated in physical therapy, the results of which were not provided within the documentation available for review. The Electromyography (EMG)/Nerve Conduction Velocity (NCV) dated 08/10/2013 revealed a normal study. The injured worker's diagnoses included crush injury with 2nd metatarsal head neck nondisplaced fracture and bone contusion of the right 1st, 2nd, and 3rd metatarsals, weight gain, approximately 60 pounds, reactive depression, sleep dysfunction, Gastroesophageal Reflux Disease (GERD) relieved with Proton pump inhibitors (PPI's), decrease in sexual activity, bilateral knee tendinitis, and right lumbar myofascial pain and facet syndrome. The injured worker's medication regimen included Norco, Ambien, Prilosec, Neurontin, and Norflex. The Request for Authorization for Norflex 100 mg #60, naproxen 550 mg #120, Neurontin 600 mg #120, and Prilosec 20 mg #60 was submitted on

02/24/2014. The rationale for the request was not provided within the clinical information available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORFLEX 100 MG #60: 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 Antispasmodics: Orphendarine Page(s): 63 & 65.

Decision rationale: The California MTUS Guidelines state that antispasmodics are used to decrease muscle spasm in conditions such as low back pain, although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. Norflex is similar to diphenhydramine, but has greater anticholinergic effects. Muscle relaxants are recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. However, in most low back cases, they show no benefit beyond NSAIDs in pain and overall improvement. Effectiveness appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The rationale for the request was not submitted within the clinical information provided for review. There is a lack of documentation related to muscle spasms. There is a lack of documentation related to the injured worker's functional deficits, to include range of motion values. In addition, the request as submitted failed to provide a frequency and directions as to use for the Norflex. Therefore, the request for Norflex 100 mg #60 is not medically necessary and appropriate.

NAPROXEN 550MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID), Gastrointestinal (GI) Symptoms & Cardiovascular Risks.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: The California MTUS Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. In addition, NSAIDs are recommended as an option for short term symptomatic relief of chronic low back pain. The clinical information provided for review lacks documentation of the injured worker's functional deficits, to include range of motion values. According to the clinical note dated 07/13/2013, the injured worker began utilizing naproxen at that visit. There is a lack of documentation related to the functional improvements related to the use of naproxen. In

addition, the request as submitted failed to provide frequency and directions for use. Therefore, the request for Naproxen 550mg #120 is not medically necessary and appropriate.

NEURONTIN 600 MG #120: 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 Antiepilepsy Drugs (AEDs) Page(s): 16 & 18.

Decision rationale: The California MTUS Guidelines recommend anti-epilepsy drugs for neuropathic pain. Most randomized controlled trials for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy. In addition, the guidelines state that Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain. The clinical information provided for review lacks documentation of neuropathic pain. There is a lack of documentation related to orthopedic tests or range of motion. The clinical information available for review, lacks documentation related to numbness, tingling, or radiating pain. In addition, the request as submitted failed to provide frequency and directions for use of Neurontin. Therefore, the request for Neurontin 600 mg #120 is not medically necessary and appropriate.

PRILOSEC 20MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID), Gastrointestinal (GI) Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: According to the California MTUS Guidelines, proton pump inhibitors are recommended with precaution in injured workers who are at risk for gastrointestinal events. The criteria to determine if an injured worker is at risk for gastrointestinal events would include the injured worker is greater than 65 years of age, history of peptic ulcer, Gastrointestinal (GI) bleeding, or perforation, concurrent use of aspirin, corticosteroids, and/or anticoagulant, or a high dose/multiple Non-Steroidal Anti-Inflammatory Drugs (NSAID) use. Injured workers at intermittent risk for gastrointestinal events are recommended to use a proton pump inhibitor. Long term Proton pump inhibitors (PPI's) use has been shown to increase the risk of hip fracture. There is a lack of documentation related to GI upset. According to the clinical documentation provided for review, the injured worker began utilizing Prilosec after the clinical date of 08/15/2013. The clinical information lacks documentation related to the addition of Prilosec. In addition, the request as submitted failed to provide frequency and directions for use of the Prilosec. Therefore, the request for Prilosec 20mg #60 is not medically necessary and appropriate.

