

Case Number:	CM14-0047225		
Date Assigned:	07/02/2014	Date of Injury:	03/28/2005
Decision Date:	09/12/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/15/2014

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 and is licensed to practice in Texas and Ohio. 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 male who reported an injury on 03/28/2005. The mechanism of injury was not provided with the review. The injured worker was noted to have a diagnosis of lumbosacral radiculopathy. His prior treatments were noted to be medications and physiotherapy. Diagnostics included x-rays and an MRI. Prior surgery was noted to be lumbar fusion and right knee arthroscopy. A clinical evaluation on 07/14/2014 noted the injured worker with subjective complaints of chronic pain in the lumbar spine. The objective physical examination noted spasm and tenderness in the paravertebral muscles of the lumbar spine with decreased range of motion on flexion and extension. There was decreased sensation with pain noted in L5 and S1 dermatomal distributions bilaterally. The treatment plan is for a spinal cord stimulator trial. The provider's rationale for this request was not provided within the primary treating physician's followup report on 07/14/2014. The Request for Authorization form was not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #90: 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 & cardiovascular risk Page(s): 68-69.

Decision rationale: The request for Prilosec 20 mg quantity 90 is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines recommend proton pump inhibitors for those using NSAID therapy who have gastrointestinal symptoms. According to the clinical documentation submitted for review; the injured worker does not have an intermediate risk of gastrointestinal events. It is also not noted that the injured worker is on NSAID therapy. In addition, the provider's request fails to indicate a dosage frequency. As such, the request for Prilosec 20 mg quantity 90 is not medically necessary.

Norflex 100mg: 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 ANTISPASMODICS Page(s): 65.

Decision rationale: The request for Norflex 100 mg is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines recommend antispasmodics to be used for decreased 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 a drug similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. Dosing is recommended 100 mg twice a day. The provider's request does not indicate a dosage frequency. In addition, the provider's request fails to indicate a quantity requested. The injured worker does not have documentation of efficacy with prior use of Norflex. As such, the request for Norflex 100 mg is not medically necessary.