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| Case Number: | CM14-0048571 | | |
| Date Assigned: | 06/25/2014 | Date of Injury: | 06/20/2001 |
| Decision Date: | 07/29/2014 | UR Denial Date: | 03/21/2014 |
| Priority: | Standard | Application Received: | 03/28/2014 |

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 & Rehabilitation 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 51-year-old male who sustained an industrial related injury on 06/20/01. The mechanism of injury is described as a slip and fall, striking his right shoulder and low back. Prior treatment consisted of medications including Vicodin, Soma, Theramine, Valium, Ambien, Tylenol, Norflex, Norco, Medrox patches, Prilosec, physical therapy, acupuncture, use of cane, epidural steroid injection, discography at L3-L4, L4-L5 and L5-S1 on 05/16/03, fluoroscopically guided L5-S1 intradiscal electrothermal annular decompression with neuroablation on 07/14/03, anterior laminectomy/discectomy and fusion at L5-S1 on 08/30/04 and posterior decompression at L5-S1 on 03/27/06, physiological and psychiatric evaluations, and psychotherapy due to emotional symptoms and distress he experienced as a result of work-related injuries. MRI of the cervical spine dated 07/18/01 showed reversal of spine curvature at C5-C6, spondylosis at C5-C6 and C6-C7, a 3 mm posterior osteophyte complex at C5-C6, a 2 mm posterior osteophyte disc complex at C6-C7. An undated electromyograph (EMG) study suggested bilateral L5-S1 radiculopathies, moderate in degree. Magnetic resonance imaging (MRI) of the lumbar spine on 04/16/04 showed loss of lumbar lordosis. Post myelogram computed tomography (CT) of lumbar spine on 02/16/06 showed postsurgical changes at L5-S1, some minimal chronic changes in facet joints at this level, diffuse disc space bulging at L4-L5 level with some ligamentous hypertrophy with slight narrowing of the central canal, minimal chronic changes in the facet joints, the disc spaces about the L4-L5 level with some minor scattered chronic changes in the facet joints. An evaluation on 06/05/14 revealed the patient continued to have residual low back and lower extremity symptoms which were under control with his current regimen of medications of Norflex 100 mg and Norco. There were no side effects of nausea, vomiting, constipation, over-sedation or epigastric pain. The patient reported 50% improvement in his pain complaints with the combination of both medications and was able to perform daily chores

although on a limited basis. Examination revealed antalgic gait and the patient was using a cane for ambulation. There was tenderness and moderate spasm of lower lumbar spine without any guarding. The diagnoses were history of lumbar fusion and intractable lumbar pain with radiculopathy. The patient was continued on Norflex 100 mg #30 and Norco refills #120 were given. On 03/24/2014, the request for Norco 10/325 mg #120 was certified, the request for Norflex 100 mg #100 was modified to #30, and the request for Prilosec 20 mg #90 was denied.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs).

Decision rationale: According to the California Medical Treatment Utilization Schedule (MTUS) Guidelines, PPI "Omeprazole" is recommended if the patient is at risk for gastrointestinal events: (1) age greater than 65 years; (2) history of peptic ulcer, gastrointestinal (GI) bleeding or perforation; (3) concurrent use of ASA = Acetylsalicylic Acid, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Long-term PPI use (greater than one year) has been shown to increase the risk of hip fracture. In the absence of documented GI distress, any history of GI bleeding concurrent use of ASA, corticosteroid and/or anticoagulant, or high dose or multiple NSAID, the request is not medically necessary according to the guidelines.

Norflex 100mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Norflex.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 63-66.

Decision rationale: According to the guidelines, antispasmodics are used to decrease muscle spasms. Chronic use of muscle relaxants is not recommended by the guidelines. Norflex is recommended as a second line option, using a short course for acute exacerbation of chronic back pain. In this case, there is no documentation of acute exacerbation of injured worker's back pain. Furthermore, the claimant has been taking these medications on an ongoing basis, which is not recommended according to guidelines. Therefore, the medical necessity of the request for Norflex is not established.

