MAXIMUS Federal Services

Case Number:	CM14-0050288		
Date Assigned:	06/25/2014	Date of Injury:	10/02/2012
Decision Date:	07/25/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	03/25/2014

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 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 who had a work related injury on 10/02/12. He was helping another person with a refrigeration unit when it fell six feet landing on his right foot. The injured worker was treated at a local facility with medication. An MRI (magnetic resonance imaging) of the right foot was performed revealing a diagnosis of a non-displaced fracture of metatarsal bone. The injured underwent extensive physical therapy, he was using medication and transcutaneous electrical nerve stimulation (TENS) unit. He had complex regional pain syndrome and there was consideration of lumbar sympathetic blocks. Electrodiagnostic studies did not reveal nerve injury. The injured worker reported constant low back, foot, and knee pain with score of 7/10 on the visual analogue scale (VAS). He also had difficulty with activities of daily living. He reported significant gastrointestinal (GI) pain, which was relieved with protein pump inhibitor. The injured worker had MRI of his lumbar spine on 02/17/14 results showed at L5-S1 there was disc desiccation, 6mm right posterolateral disc protrusion/disc extrusion. There was marked right lateral recess narrowing with compression upon the right ventral thecal sac. There was compression of right S1 nerve root within the right lateral recess. Moderate right neural foraminal narrowing. The injured worker underwent L5-S1 transforaminal epidural steroid injection on the progress note dated 05/21/14, it was noted that the injured worker had significant pain relief in low back and right foot after the epidural steroid injection. His low back pain was rated 3-4/10 on VAS with occasional shooting his right leg. Aggravating factors were prolonged standing, bending, and lifting heavy objects. Physical examination there was increased lumbar lordosis. Range of motion of lumbar spine was restricted. Paravertebral muscle spasm and localized tenderness was present in the lumbosacral spine. Sensation was diminished to light touch along the medial and lateral border of the right leg, calf, and foot. Manual motor testing was 5/5, except for right extensor hallucis longus (EHL) and plantarflexors

were rated 4+/5. Localized tenderness was reduced at the right second metatarsal and first metatarsal head of the right foot. Diagnoses, status post second metatarsal head and neck non-displaced fracture. Bone contusion involving the first metatarsal bone. Lumbar sprain/strain. Right sided 6mm posterolateral L5-S1 disc protrusion/disc extrusion with right sided S1 nerve root compression. Chronic myofascial pain syndrome. Neuroma of second metatarsal bone. Depression. Prior utilization review dated 03/21/14 non-certified for Norflex and naproxen. The current request was for Norflex 100mg #60. Prospective request for one prescription of naproxen 550mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Norflex 100mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available) Page(s): 65. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Muscle relaxants (for pain).

Decision rationale: The request for Norflex 100mg #60 is not medically necessary. The clinical documentation submitted for review as well as current evidence based guidelines do not support the request. According to the MTUS guidelines, this drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. The effects are thought to be secondary to analgesic and anticholinergic properties. The guidelines recommends Norflex to be used for short term two to four weeks. As such, the medical necessity for Norflex has not been established. The request is not certified.

One (1) prescription of Naproxen 550mg, #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 NSAIDs Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The request for prospective request for one (1) prescription of Naproxen 550mg, #120 is not medically necessary. The clinical documentation submitted for review as well as current evidence based guidelines do not support the request. The MTUS recommended Naproxen as an option for short-term symptomatic relief. Also, the injured worker has gastrointestinal (GI) problems, and is currently on a proton pump inhibitor (PPI). Therefore, medical necessity has not been established.