

Case Number:	CM14-0050506		
Date Assigned:	07/07/2014	Date of Injury:	10/15/2012
Decision Date:	08/26/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/18/2014

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 Preventative 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 injured worker is a 50 Year old male with past history of GERD and seizure disorder who is reported to have fallen at work and lost consciousness on 10/15/12. Whole body CT scan done at the ER showed no evidence of internal injuries. However, the Cervical CT showed moderate Disc space loss at C5-C6, C6-C7, neuroforaminal stenosis at C5-C6, C6-C7. An MRI of the neck done in 2013 showed Mild Spondylosis at C5-C6, C6-C7, moderate to severe cervical neuroforaminal stenosis with exiting nerve root effacement; and disc bulges at C5-C6. He has continued to suffer from headaches, neck pain, associated with tingling and numbness in his upper limbs. At various times since the injury, the injured worker has been on Flexeril, Protonix, Neurontin, Amitriptyline, Zanaflex, Oxycontin, morphine, Celeza, and Anaprox. He has been diagnosed of cervical spondylosis with radiculopathy, post traumatic headaches, Brachial Neuritis, Displacement of cervical Intervertebral disc without myelopathy; medication over use headaches, possible cervicogenic headaches, cognitive complains, depression. A qualified medical examiner recommended nerve studies and determined the headaches is caused by the work injury. Her doctor's request for authorization for Norflex 100mg #60; Protonix 20mg #60, has been denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norflex 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175, Chronic Pain Treatment Guidelines Muscle Relaxants for pain Page(s): 63.

Decision rationale: The documents reviewed shows the worker was placed on Norflex on 09/12/2013, and he has used it for an undocumented length of time. The MTUS recommends non-sedating muscle relaxants with caution as second line agents for a short time for treatment of acute exacerbations of lower back pain; but makes no recommendation for its use in neck pain. The only recommended medications for neck conditions are Non-steroidal anti-inflammatory medications and acetaminophen. The request is not medically necessary and appropriate.

1 prescription of Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton-pump inhibitor.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain>, page(s) Insert 68 Page(s): 68.

Decision rationale: The MTUS recognizes the following conditions as conditions associated with Gastrointestinal risk during use of nonsteroidal antiinflammatory drugs: age > 65 years; (2) history of peptic ulcer, gastrointestinal bleeding or perforation; (3) concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. Although the injured worker has a past medical history of Gastro esophageal reflux disease, he does not fall in the above listed category. Therefore it is not medically necessary to introduce Protonix or any other proton pump inhibitor. The request is not medically necessary and appropriate.