

Case Number:	CM14-0061271		
Date Assigned:	07/09/2014	Date of Injury:	06/05/2012
Decision Date:	09/08/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/02/2014

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 Occupational 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 patient is a 31-year-old female who has submitted a claim for sprain lumbar region, lumbar disc displacement, associated with an industrial injury date of June 5, 2012. Medical records from 2013 through 2014 were reviewed. The latest progress report, dated 05/19/2014, showed persistent low back pain. There was pain with walking, standing, and sitting. Physical examination revealed patient not in acute distress. There was normal gait and arm swing with no muscle weakness on the lower extremities. Treatment to date has included epidural steroid injection, physical therapy and medications such as Flexeril and Protonix since September 2013 and Norco since April 2014. Utilization review from 04/23/2014 modified the request from the purchase of Flexeril 7.5mg BID to Flexeril 7.5mg #15 because Flexeril was not intended for long-term use, and it should be weaned to be discontinued. The request for Protonix 20mg QD was denied because there was no indication about gastrointestinal problems or GERD. The request for Norco 5/325mg 1 po Q6hrs was modified to Norco 5/325mg #60 because it should be weaned towards discontinuation. The available data was limited in showing functional improvement or overall pain reduction with its use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg BID: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: According to pages 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is recommended as an option using a short course therapy. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. In this case, Flexeril was prescribed since September 2013, which is beyond the recommended duration of use. Furthermore, the current progress report does not document any muscle spasms. There is no clear indication for chronic use of this medication. Moreover, the quantity to be dispensed was not specified. The request is incomplete. Therefore, the request for Flexeril 7.5mg BID is not medically necessary.

Protonix 20mg QD: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: According to page 68 of the CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are recommended for patients at intermediate risk for gastrointestinal events. Gastrointestinal risk factors include: (1) Age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. In this case, patient is on Protonix since September 2013, however, medical records do not reveal any gastrointestinal risk factors as stated above. There is likewise no complaint of gastrointestinal distress which may necessitate a proton pump inhibitor. Moreover, the quantity to be dispensed was not specified. The request is incomplete. Therefore, the request for purchase of Protonix 20mg QD is not medically necessary.

Norco 5/325mg 1 PO Q6hrs: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78-71.

Decision rationale: According to pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, patient has been on Norco since April 2014. The recent progress report showed no evidence of pain relief with continuous intake of the medication. Furthermore, there was no documented improvement of functional activities. MTUS Guidelines require strict compliance for ongoing management. Moreover, the quantity to

be dispensed was not specified. The request is incomplete. Therefore, the request for Norco 5/325mg 1 po Q6hours is not medically necessary.