

Case Number:	CM14-0065161		
Date Assigned:	07/11/2014	Date of Injury:	03/26/2001
Decision Date:	09/08/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/08/2014

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 Family Practice, 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:

56 yr. old male claimant sustained a work injury on 3/26/01 involving the neck, back and shoulders. He was diagnosed with cervical and lumbar degenerative disk disease and underwent spinal fusion of the C4-C6 and L5-S1 region. A progress note on 3/31/14 indicated he had continued 8/10 pain in the involved areas. Examination was notable for limited range of motion in the cervical and lumbar area with paraspinal tenderness. The claimant had been provided Anaprox and Tramadol for pain along with Norflex for muscle relaxation. Protonix was provided for gastrointestinal prophylaxis. The claimant had been on the above pain regimen for several months without change in function or pain level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox-DS (Naproxen Sodium) 550 mg #90 tbs., (1) tablet a day for inflammation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) formulary/painFDA.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-73.

Decision rationale: According to the MTUS guidelines NSAIDs are recommended at the lowest dose for the shortest period for patients with moderate or severe pain in cases of chronic back pain and osteoarthritis. NSAIDs such as Naproxen are not superior to acetaminophen. There is inconsistent evidence for long-term use for neuropathic pain. The prolonged use of NSAIDs can also delay healing of soft tissues, muscles, ligaments, tendons and cartilage. For acute exacerbations of low back pain it is second line to acetaminophen. In this case, Anaprox is used with an opioid and a muscle relaxant for several months without change in pain or function. It is intended for short-term use and failure of Tylenol is not noted. The continued use of Anaprox is not medically necessary.

Ultram(Tramadol) HCL ER 150mg #60 caps (1) capsule daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram)Opioids Page(s): 119, 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacological and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. There is no evidence for long-term use. A limitation of current studies is that there are virtually no repeated dose analgesic trials for neuropathy secondary to lumbar radiculopathy. In this case, Tramadol was used with an NSAID and a muscle relaxant for several months without change in pain or function. It is intended for short-term use and failure of Tylenol is not noted. The continued use of Tramadol is not medically necessary.

Protonix (Pantoprazole) 20mg #60 tabs (1) capsule twice daily for stomach irritation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Page(s): 68. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPI/NSAIDs Page(s): 68.

Decision rationale: According to the MTUS guidelines, Protonix is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anti-coagulation/anti-platelet use. In this case, there is no documentation of GI events or anti-platelet use that would place the claimant at risk. Therefore, the continued use of Protonix is not medically necessary.

Norflex (Orphenadrine) 100mg #60 (1) tablet twice daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: According to the MTUS guidelines, Norflex (a muscle relaxant) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. However in low back pain they show no benefit over NSAIDS in pain and overall improvement. The efficacy diminishes over time and there is risk of dependency. The claimant had been on Norflex for several months without change in pain scale or function. The continued use is not medically necessary.