

Case Number:	CM14-0066388		
Date Assigned:	07/14/2014	Date of Injury:	11/06/2002
Decision Date:	09/19/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/09/2014

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 Nevada. 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 records presented for review indicate that this 53-year-old gentleman was reportedly injured on November 6, 2002. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 1, 2014, indicates that there are ongoing complaints of low back pain with numbness in the bilateral lower extremities. The physical examination demonstrated tenderness over the lumbar spine paraspinal muscles with spasms. There was decreased range of motion of the lumbar spine secondary to pain. Neurological examination indicated globally decreased sensation in the right and left lower extremities. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes oral medications. A request had been made for Protonix, Norflex, Doral, and a consultation for the lower back and was not certified in the pre-authorization process on may second 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Protonix 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Kahrilas PJ, Shaheen NJ, Vaezi MF, Hiltz SW, Black E, Modlin IM, Johnson, SP, Allen J, Brill JV, American Gastroenterological Association.

American Gastroenterological Association Medical Position Statement on the management of gastroesophageal reflux disease. *Gastroenterology*. 2008 Oct;135(4):1383-91,1391.e1-5.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69 of 127.

Decision rationale: Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of Gastroesophageal Reflux Disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There is no indication in the record provided of a G.I. disorder. Additionally, the injured employee does not have a significant risk factor for potential G.I. complications as outlined by the MTUS. Therefore, this request for Prilosec is not medically necessary.

1 Prescription of Norflex ER 100 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91 of 127.

Decision rationale: Norco (Hydrocodone/Acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Norco is not medically necessary.

1 Prescription of Doral 15mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24 of 127.

Decision rationale: Doral (Quazepam) is a benzodiazepine sleep hypnotic. Sleep disturbance is noted in the records submitted for review. However, this medication is not indicated for long term or daily use due to problems with addiction and tolerance. Considering this, the request for Doral is not medically necessary.

1 Consultation for lower back pain: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288, 305-306.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

Decision rationale: It is unclear why there is a consultation for lower back pain. This is assumed to be a specialty consultation for orthopedics. According to the most recent progress note dated April 1, 2014, the injured employee has nonspecific neurological findings and certainly no red flag signs or symptoms requiring surgery. Considering this, the request for a consultation for lower back pain is not medically necessary.