

Case Number:	CM14-0086480		
Date Assigned:	07/23/2014	Date of Injury:	06/02/2012
Decision Date:	09/18/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/09/2014

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 and Rehabilitation 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 51-year-old male with a reported date of injury on 06/02/2012. The mechanism of injury was noted to be from an assault by an inmate. His diagnoses were noted to include lumbar sprain/strain, cervical radiculopathy, elbow tendonitis/bursitis, face and neck injury, shoulder impingement, limb pain, and lumbosacral radiculopathy. The progress note dated 03/12/2014 revealed complaints of residual pain. The injured worker complained of pain to the cervical, lumbar, left shoulder, bilateral elbow, and bilateral wrist. The physical examination revealed decreased range of motion to the cervical spine with spasm, guarding, and tenderness, and numbness was present in the left upper extremity over the C8 dermatome, with radiation of pain to the left upper extremity over the C8 dermatome of the lumbar spine noted. There was numbness noted in the right leg over the S1 dermatome. There was pain noted in the right leg over the S1 dermatome with spasm, guarding, and tenderness of the paravertebral muscles. There was a positive Hawkins, impingement to the shoulder with tenderness over the acromioclavicular joint over the anterior deltoid. There was a positive Yergason and Phalen. The Request for Authorization form dated 03/13/2014 was for Norflex 100 mg #360 for muscle spasms, and Prilosec 20 mg #180 for a history of gastroesophageal reflux disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100mg Qty 360: Upheld

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

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

Decision rationale: The injured worker has been utilizing this medication since 03/2014. The California Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The documentation provided indicated the injured worker was having muscle spasms. However, there was a lack of documentation regarding efficacy of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Prilosec 20mg Qty 180: Upheld

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

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

Decision rationale: The injured worker has a history of gastroesophageal reflux disease. The California Chronic Pain Medical Treatment Guidelines state physicians should determine if the patient is at risk for gastrointestinal events such as age greater than 65 years; history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAIDs. There is a lack of documentation regarding gastroesophageal reflux disease. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.