

Case Number:	CM14-0088124		
Date Assigned:	07/23/2014	Date of Injury:	02/20/2003
Decision Date:	08/29/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/10/2014

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 Preventive 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:

According to the records made available for review, this is a 61-year-old male with a 2/20/03 date of injury. At the time (5/15/14) of the request for authorization for Orphenadrine-Norflex ER 100mg #75, Pantoprazole-Protonix 20mg #60, and Hydrocodone/APAP 10/325mg #15, there is documentation of subjective (chronic back and flare of lower extremity pain, also describes muscle spasms that are intermittent that radiate from his back into his left lower extremity and into his calf muscle, he states that the medications continue to help reduce some pain and allow for better function) and objective (tenderness to palpation at the lumbosacral junction left greater than right, range of motion lumbar spine is decreased by 10% with flexion, 20% with extension, and 20% with rotation bilaterally, straight leg raise was positive at the left lower extremity at about 50%) findings, current diagnoses (sciatica, disorders sacrum, neck pain, and pain in joint lower leg), and treatment to date (medication including Orphenadrine-Norflex and Hydrocodone/APAP for at least 6 months). Regarding Orphenadrine-Norflex ER 100mg #75, there is no documentation that Orphenadrine-Norflex is used as a second line option for short-term (less than two weeks) treatment. Regarding Pantoprazole-Protonix 20mg #60, there is no documentation of risk for gastrointestinal event and that Pantoprazole is being used as a second-line. Regarding Hydrocodone/APAP 10/325mg #15, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine-norflex ER 100mg #75: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 65 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of sciatica, disorders sacrum, neck pain, and pain in joint lower leg. In addition, there is documentation of acute exacerbation of chronic low back pain and treatment with Orphenadrine-Norflex for at least 6 months. Furthermore, there is documentation of functional benefit with use of Orphenadrine-Norflex. However, there is no documentation that Orphenadrine-Norflex is used as a second line option for short-term (less than two weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for Orphenadrine-Norflex ER 100mg #75 is not medically necessary.

Pantoprazole-protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, and that Pantoprazole is being used as a second-line, as criteria necessary to support the medical necessity of Pantoprazole. Within the medical information available for review, there is documentation of diagnoses of sciatica, disorders sacrum, neck pain, and pain in joint lower leg. However, there is no documentation of risk for gastrointestinal event and that Pantoprazole is being used as a second-line. Therefore, based on guidelines and a

review of the evidence, the request for Pantoprazole-Protonix 20mg #60 is not medically necessary.

Hydrocodone/APAP 10/325mg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of sciatica, disorders sacrum, neck pain, and pain in joint lower leg. In addition, there is documentation of treatment with Hydrocodone/APAP for at least 6 months and functional benefit with use of Hydrocodone/APAP. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Hydrocodone/APAP 10/325mg #15 is not medically necessary.