

<b>Case Number:</b>	CM13-0063853		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/17/2009
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 52-year-old female with a date of injury of 05/05/2010. Her mechanism of injury included a fall back onto her buttocks when a rolling chair slipped out from underneath her. Her diagnoses included musculoligamentous sprain/strain, lumbar spine; degenerative disc disease; and herniated nucleus pulposus at L3-4. Her past treatments have included physical therapy, pain medication and activity modification. Her diagnostic studies included x-ray of the lumbar spine, date not specified; an MRI of the lumbar spine, dated 11/04/2012; and a CT myelogram with contrast of the lumbar spine, on 06/21/2013. She has no surgical history. The progress report, dated 11/06/2012, documented the injured worker had complaint of incapacitating back pain and radiating left leg pain into the left thigh and weakness into her left thigh. Her objective exam findings indicated weakness in the L3 distribution and quadriceps knee extension. There was decreased sensation in an L3 distribution into the left leg. The injured worker had severe tenderness, guarding and painful loss of range of motion of the lumbar spine. Her medications included Protonix 20 mg, Voltaren XR 100 mg, Norco 10/325 mg, Flexeril 7.5 mg. Her treatment plan included a recommendation of surgery, modified work duty and pain medication. The rationale for the request would include Protonix for gastric upset, Voltaren for pain and inflammation, Norco for pain and Flexeril for muscle spasms. The Request for Authorization form is not included.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Protonix 20 mg 1 tab PO QD # 60 Refill 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 68-70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-70.

**Decision rationale:** The request for Protonix 20 mg 1 tab po qd # 60 refill 3 is not medically necessary. The California MTUS Guidelines state that proton pump inhibitors are recommended with precautions as indicated. There should be a determination if the injured worker is at risk for gastrointestinal events. Those factors include: age of more than 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of aspirin, corticosteroids and/or an anticoagulant; or high dose/multiple NSAID use. The documentation submitted for review does not indicate the injured worker has a history of peptic ulcer, GI bleeding or perforation. There is no indication to provide refills of any medication without interval evaluation of its efficacy. The request for Protonix 20 mg 1 tab po qd # 60 refill 3 is not medically necessary.

**Retro Voltaren XR 100 mg, 1 tab PO QD # 60 Refill 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 71.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-71.

**Decision rationale:** The request for Voltaren XR 100 mg, 1 tab po qd # 60 refill 3 is not medically necessary. The California MTUS Guidelines state NSAID use is recommended at the lowest dose for the shortest period in injured workers with moderate to severe pain. Acetaminophen may be considered for initial therapy for injured workers with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. The documentation submitted for review does not reveal a pain scale for the injured worker or objective findings of improved functional ability with the use of this medication. The guidelines indicate the main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects of the risk of increased cardiovascular side effects, although the FDA has concluded that long term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect. There is no evidence of long term effectiveness for pain or function. There is no indication to provide refills of any medication without interval evaluation of its efficacy. Therefore, the request for Voltaren XR 100 mg, 1 tab po qd # 60 refill 3 is not medically necessary.

**Retro Norco 10/325 mg 1 tab q6 # 60 Refill 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

**Decision rationale:** The request for Norco 10/325 mg 1 tab q6 # 60 refill 3 is not medically necessary. The California MTUS Guidelines state that there are 4 domains that have been proposed as most relevant for ongoing monitoring of chronic pain injured workers on opioids. Those domains include: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug related behaviors. There is a lack of documentation regarding a proper pain assessment; side effects this injured worker may experience with this medication; documentation of objective functional improvement with this medication; and documentation of review of CURES reports, monitoring of urine drug screens and an active drug contract. There is no indication to provide refills of any medication without interval evaluation of its efficacy. Therefore, the request for Norco 10/325 mg 1 tab q6 # 60 refill 3 is not medically necessary. However, this medication is recommended for weaning purposes.

**Retro Flexeril 7.5 mg, 1 tab BID # 90 Refill 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

**Decision rationale:** The request for Flexeril 7.5 mg, 1 tab bid # 90 refill 3 is not medically necessary. The California MTUS Guidelines state that muscle relaxants for pain are recommended with caution as a second line option for short term treatment of acute exacerbations in injured workers with chronic low back pain. Flexeril specifically is recommended for a short course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use. There is no indication to provide refills of any medication without interval evaluation of its efficacy. There is a lack of documentation regarding muscle spasms, and as the guidelines recommend Flexeril's use as short term only, and the injured worker has been on this medication for at least 1 year, the request for Flexeril 7.5 mg, 1 tab bid # 90 refill 3 is not medically necessary.