

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0114582 | | |
| Date Assigned: | 07/29/2014 | Date of Injury: | 08/02/2012 |
| Decision Date: | 03/17/2015 | UR Denial Date: | 07/01/2014 |
| Priority: | Standard | Application Received: | 07/21/2014 |

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. 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

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 54year old male, who sustained an industrial injury on 8/2/12. He has reported shoulder pain. The diagnoses have included right shoulder internal derangement, possible cervical radiculopathy and possible left shoulder internal derangement. Treatment to date has included medications. X-ray of right shoulder was permed on 4/7/14 and MR Arthrogram, reports were not included with documentation. Currently, the Injured Worker complains of muscle spasm of right shoulder with pain radiating from neck to right upper extremity which improved with use of Norflex. It is noted on the PR2 of 7/22/14 weakness and numbness on right at C5 and C6, otherwise normal reflex, sensory and power testing of bilateral upper and lower extremities. On palpation cervical tenderness and decreased motion are noted. On 7/1/14 Utilization Review non-certified a prescription for Protonix 20 mg # 60, noting he is not taking multiple NSAIDS and has no documented history of GI bleeding or peptic ulcer and Norflex 100mg # 60, noting demonstrated efficacy with prior treatment at a lesser dose, modified to # 20. The MTUS, ACOEM Guidelines, (or ODG) was cited. On 7/6/14, the injured worker submitted an application for IMR for review of Norflex 100mg #60 and Protonix 20 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg, #60.: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Page(s): 54.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with pain and muscles spasms in his neck and both of his shoulders. The request is for PANTOPRAZOLE 20MG #60. The patient is currently taking Naproxen, Prilosec, Norflex and Tramadol ER. The patient is currently working with modified duty. MTUS guidelines page 69 recommends prophylactic use of PPI's when appropriate GI assessments have been provided. The patient must be determined to be at risk for GI events, such as age 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). In this case, the review of the reports does show that the patient has been on Naproxen. The treater would like the patient to be on Pantoprazole with Naproxen to use as needed for GI protection due to NSAID use and history of gastritis with medications. The treater does not provide a GI risk assessment to show a need for prophylactic use of a PPI. However, given the patient's need for NSAIDs for pain control, with GI side effects, the use of PPI is an option per MTUS. The request IS medically necessary.

Norflex 100mg, #60.: Upheld

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

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

Decision rationale: The patient presents with pain and muscles spasms in his neck and both of his shoulders. The request is for NORFLEX 100MG #60. The patient is currently taking Naproxen, Prilosec, Norflex and Tramadol ER. Regarding muscle relaxants, the MTUS Guidelines page 63 states, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." ACOEM guidelines p47 states, "Muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit, although they have been shown to be useful as antispasmodics. They may hinder return to function by reducing the patient's motivation or ability to increase activity." Regarding Orphenadrine, MTUS page 65 states that it is similar to diphenhydramine, but has greater anticholinergic effects and side effects include drowsiness, urinary retention and dry mouth. "Side effects may limit use in the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects." MTUS cautions its use due to its drowsiness and potential misuse. Long-term use of this medication is not supported by MTUS. In this case, this patient has been utilizing Norflex prior to 06/23/14. The reports do not indicate how this medication has been used with what effectiveness. MTUS only supports for

short-term use of this medication for no more than 2-3 weeks to address flare-up's or new injuries. The request IS NOT medically necessary.