

Case Number:	CM14-0193225		
Date Assigned:	12/01/2014	Date of Injury:	10/24/2008
Decision Date:	01/13/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/18/2014

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 Emergency 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:

The injured worker is a 55 year-old male, who sustained an injury on October 24, 2008. The mechanism of injury is not noted. Pertinent diagnostics were not noted. Treatments have included: 2010 thoracic spine surgery, physical therapy, medications, TENS, HEP. The current diagnoses are: lumbar discogenic disease, s/p thoracic spine surgery for T8-T11 compression fractures, chronic low back pain. The stated purpose of the request for Prilosec 20mg #60 was not noted. The request for Prilosec 20mg #60 was denied on October 29, 2014, citing a lack of documentation of neither NSAID use nor GI distress symptoms. The stated purpose of the request for Norflex 100mg, #60 was not noted. The request for Norflex 100mg, #60 was denied on October 29, 2014, citing a lack of documentation of functional improvement. The stated purpose of the request for Norco 10/325mg, #180 was not noted. The request for Norco 10/325mg, #180 was denied on October 29, 2014, citing a lack of documentation of functional improvement. Per the report dated September 9, 2014, the treating physician noted complaints of back pain and headaches, with pain radiating to the arms. Exam findings included thoracic spasm and tenderness, lumbar spasm with tenderness and limited range of motion, positive axial loading test and positive straight leg raising test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Proton Pump Inhibitors (PPI's)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The requested Prilosec 20mg #60 is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors."The injured worker has back pain and headaches, with pain radiating to the arms. The treating physician has documented thoracic spasm and tenderness, lumbar spasm with tenderness and limited range of motion, positive axial loading test and positive straight leg raising test. The treating physician has not documented medication-induced GI complaints or GI risk factors. The criteria noted above not having been met, Prilosec 20mg #60 is not medically necessary.

Norflex 100mg, #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 Muscle Relaxants Page(s): 63-66.

Decision rationale: The requested Norflex 100mg #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has back pain and headaches, with pain radiating to the arms. The treating physician has documented thoracic spasm and tenderness, lumbar spasm with tenderness and limited range of motion, positive axial loading test and positive straight leg raising test. The treating physician has not documented duration of treatment, intolerance to NSAID treatment, or objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Norflex 100mg, #60 is not medically necessary.

Norco 10/325mg, #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 78-80, 80-82.

Decision rationale: The requested Norco 10/325mg, #180, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has back pain and headaches, with pain radiating to the arms. The treating physician has documented thoracic spasm and tenderness, lumbar spasm with tenderness and limited range of motion, positive axial loading test and positive straight leg raising test. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325mg, #180 is not medically necessary.