

Case Number:	CM14-0202048		
Date Assigned:	12/12/2014	Date of Injury:	02/14/2000
Decision Date:	02/03/2015	UR Denial Date:	11/28/2014
Priority:	Standard	Application Received:	12/02/2014

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 Occupational Medicine, has a subspecialty in ENTER SUBSPECIALTY 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 applicant is a represented [REDACTED], employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 14, 2000. In a utilization review report dated November 28, 2014, the claims administrator partially approved a request for Norco, denied a request for Relafen, denied a request for Protonix, and denied a request for Norflex. The claims administrator referenced a November 3, 2014 progress note in its determination. The applicant's attorney subsequently appealed. In a May 30, 2014 progress note, the applicant reported persistent complaints of low back and knee pain, exacerbated by cold weather and driving. The applicant reported heightened complaints of anxiety and psychological stress but denied any explicit suicidal ideation. The applicant was on Norco and Protonix. The applicant reportedly denied heartburn in the gastroesophageal review of systems section of the note, it was stated, but then stated, in another section of the note, that her husband's Prilosec was beneficial. In yet another section of the report, it was stated that the applicant was not married and did not have any children. Norco, Relafen, and Prilosec were endorsed. The applicant was asked to try and monitor her depressive symptoms. On August 5, 2014, the applicant reported persistent complaints of low back and knee pain. The attending provider stated in one section of the note that the applicant had a significant amount of heartburn while the GI review of systems section noted that the applicant did not have any issues with heartburn. Norco and permanent work restrictions were renewed. The applicant did not appear to be working with said limitations in place. On September 9, 2014, it was stated that the applicant was using Prilosec for gastritis. The applicant still had some residual symptoms of gastritis, the attending provider stated, despite usage of Prilosec, it was noted in one section of the note. The attending provider then stated that the applicant denied any heartburn in the review of systems section of the note. Protonix and

Norco were endorsed while the applicant was asked to discontinue Prilosec. On October 17, 2014, the applicant reported persistent complaints of low back pain. The applicant was using Norco for pain relief. The applicant was given a refill of Protonix. The applicant was status post lumbar laminectomy. The attending provider again stated that the applicant denied any issues with heartburn in the review of systems section of the note. On November 3, 2014, the attending provider stated that the applicant had persistent complaints of low back pain, highly variable, as high as 2-10/10. The applicant was using Norco, Norflex, Relafen, and a topical lidocaine cream. On this occasion, it was stated that the applicant was using Protonix for GI protection purposes as opposed to active symptoms of reflux. The applicant again denied heartburn on the review of systems section of the note, it was noted. Multiple medications were renewed, along with permanent work restrictions. The attending provider acknowledged that any kind of activity, including lifting or bending worsened the applicant's pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When To Continue Opioids Topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was/is off work, despite ongoing Norco usage. Permanent work restrictions were renewed, seemingly unchanged, from visit to visit. The applicant, per the treating provider, was having difficulty performing activities of daily living as basic as lifting, bending, walking, etc., as of November 3, 2014. All of the foregoing, taken together, does not make a compelling case for continuation of Norco. Therefore, the request is not medically necessary.

Nabumetone-Relafen 500mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Topic, Nabumetone Section Page(s): 69,72-73.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, discontinuing the offending NSAID is an appropriate option to combat issues with NSAID-induced dyspepsia, as are/were reportedly present here. Given the various complaints of reflux voiced at various points in time, it appears that discontinuing Relafen is a more appropriate option than continuing the same. Page 72 of the MTUS Chronic Pain Medical

Treatment Guidelines further stipulates that the lowest effective dose of Nabumetone (Relafen) should be employed in each applicant. Page 72 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that the recommended starting dose of Relafen is 1000 mg daily. The 90-tablet supply of Relafen at issue implies a total daily scheduled dosage of 1500 mg. This appears to represent treatment in excess of MTUS-advised parameters, particularly in the face of the applicant's highly variable symptoms of reflux. Therefore, the request was not medically necessary.

Pantoprazole-protonix 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Topic.Functional Restoration Approach to Chronic.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of proton pump inhibitors such as Protonix to combat issues with NSAID-induced dyspepsia, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In an earlier progress note dated May 30, 2014, the applicant stated that usage of Protonix was not as effective as usage of her husband's Prilosec. The attending provider has not, furthermore, clearly stated for what purpose Protonix was being employed. Multiple progress notes, referenced above, contained incongruous reporting of the applicant's alleged symptoms of reflux. For example, the applicant was obliquely described as having issues with reflux on a May 30, 2014 progress note, referenced above. The review of systems section of the same note stated that the applicant denied any issues with heartburn, however. Similarly, an August 5, 2014 progress note stated that the applicant had a significant amount of heartburn in one section of the note, while another section of the note stated that the applicant explicitly denied any issues with heartburn. A later note of November 3, 2014 suggested that the applicant was not experiencing any active symptoms of reflux but, rather, was using Protonix for GI protective effect. The applicant does not, however, seemingly meet criteria set forth for prophylactic usage of proton pump inhibitors such as Protonix. Specifically, the applicant is not using multiple NSAIDs, the applicant is not using NSAIDs in conjunction with corticosteroids, the applicant does not appear to have a history of prior GI bleeding and/or peptic ulcer disease, and the applicant is less than 65 years of age (age 53). The request for Protonix, thus, cannot be supported given the attending provider's internally inconsistent and incongruous reporting of the applicant's alleged versus actual issues with reflux. Therefore, the request was not medically necessary.

Orphenadrine-norflex ER 100mg #90: Upheld

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

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

Decision rationale: As noted on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Norflex are recommended for short-term use purposes, for acute exacerbations of chronic low back pain. The 90-tablet supply of Norflex at issue, however, implies chronic, long-term, and/or scheduled usage. Such usage, however, is incompatible with page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.