

Case Number:	CM14-0204248		
Date Assigned:	12/16/2014	Date of Injury:	09/06/2012
Decision Date:	02/18/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/05/2014

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 & Rehabn

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 patient is a 50 year old male with an injury dated of 09/06/12. Based on the 10/20/14 progress report, the patient complains of lower back pain. The pain level is at 5/10 with radiation into the bilateral lower extremities. Radicular symptoms occur posteriorly along the thigh and stopping above the knee with cramping and tingling sensation. The patient reports that the pain is made better with the use of rest as well as medication. The pain aggravates with extended period of walking or bending at the lumbar spine. The patient also complains of neck pain, memory loss, numbness and weakness, and depression. The patient has gastroesophageal reflux and reports GI disorders. Current medications are Diclofenac Sodium 1.5% for anti-inflammatory, Docusate Sodium, Orphenadrine-norflex ER for spasms, Mirtazapine, Pantoprazole-protonix for stomach symptoms, Zoloft, Hydrocodone-APAP, and Alfuzosin Hcl ER. The diagnoses include following:1. Lumbar Disc Displacement without Myelopathy2. Disorders sacrum3. Depression4. Sciatica5. Unspecified Major Depression, Single Episode6. Generalized anxiety disorder7. Pain psychogenic NEC8. Unspecified Major Depression, Recurrent EpisodeThe patient is working with restrictions. The treating physician is requesting for Diclofenac sodium 1.5% 60gm, Orphenadrine-norflex ER 100mg #90, and Pantoprazole-protonix 20mg #60 on 10/07/14. The utilization review determination being challenged is dated 11/07/14. The requesting provider provides treatment reports from 12/19/13-11/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium 1.5% 60gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical creams Page(s): 111.

Decision rationale: This patient presents with low back pain with depression. The request is for Diclofenac Sodium 1.5% 60gm. The MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." MTUS further states "Neuropathic pain: Not recommended as there is no evidence to support use. FDA-approved agents: Voltaren Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in joints that lends themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder." ODG guideline pain chapter states regarding diclofenac sodium topical solution as "Not recommended as a first-line treatment." Review of reports shows, this medication has been listed as current medication since 12/19/13 report. However, there is no discussion as to how this medication has helped the patient. This patient currently presents with lumbar disk displacement without myelopathy. The guideline does not recommend this topical cream for neuropathic pain or treatment for the spine or hip. The request is not medically necessary.

Orphenadrine-Norflec ER 100mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxant Page(s): 63,64.

Decision rationale: This patient presents with low back pain with depression. The request is for Orphenadrine-Norflex ER 100mg #90. MTUS page 63 discuss regarding muscle relaxant for pain and 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." Review of reports shows, this medication has been listed as current medication since 04/15/14 report. None of the reports documented efficacy of this medication. The chronic use of muscle relaxants is not recommended by guidelines. The request is 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 & cardiovascular risk Page(s): 68-69.

Decision rationale: This patient presents with low back pain with depression. The request is for Pantoprazole-protonix 20mg #60. Protonix is a proton pump inhibitor. MTUS guidelines support use of this medication for prophylaxis with NSAIDs if GI assessment has been provided. GI assessments include age > 65, history of PUD or bleeding ulcer, concurrent use of other anticoagulants or high dose NSAIDs, etc. PPI's can also be used to treat GERD, ulcers and gastritis. In this case, review of reports does not show gastrointestinal diagnoses, but on 05/14/14 and 10/20/14 reports, the treater noted that "the patient has gastroesophageal reflux. The patient reports GI disorders (Gastric ulcer)." The patient has been taking this medication since 05/14/14 report. However, none of reports document why this patient requires the proton pump inhibitor. The patient is not on any oral NSAIDs requiring prophylactic PPI and there are no GI symptoms such as GERD or gastritis. The request is not medically necessary.