

Case Number:	CM14-0206989		
Date Assigned:	12/19/2014	Date of Injury:	03/07/2013
Decision Date:	02/12/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/10/2014

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 Physical Medicine Rehab, has a subspecialty in Pain 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:

This is a patient with a date of injury of 3/7/13. A utilization review determination dated 12/9/14 recommends non-certification of Norflex, Prilosec, Relafen, and Tylenol #3. 12/18/14 medical report identifies "pain cervical thoracic lumbar shoulder bilateral." On exam, there is limited ROM, numbness said to be present over C6 and L5 dermatomes, tenderness, and positive Hawkins' and impingement signs. Medications were recommended. Patient is said to have "reduction in analgesia at least 30-40%" and improved functional capacity with ADLS, self-grooming, and chores around the house with no significant reported adverse side effects. There is no suspicion of any aberrant behaviors.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100mg #60 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009). Page(s): 63-66.

Decision rationale: Regarding the request for Norflex, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line

option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, the request is for a sedating muscle relaxant and it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In light of the above issues, the currently requested Norflex is not medically necessary.

Prilosec 20mg #30 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009). Page(s): 68 and 69.

Decision rationale: Regarding the request for Prilosec, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested Prilosec is not medically necessary.

Relafen 750mg #60 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 67-72.

Decision rationale: Regarding the request for Relafen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is limited documentation of analgesic benefit and functional improvement. However, while additional use of the medication may be appropriate, the request appears to be for approximately 6 months of medication, which is not conducive to regular reevaluation for efficacy and continued need. Unfortunately, there is no provision for modification of the current request to allow for an appropriate amount of medication. In light of the above issues, the currently requested Relafen is not medically necessary.

Tylenol #3 300mg #60 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 44, 47, 75-79 and 120.

Decision rationale: Regarding the request for Tylenol #3, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is limited documentation of analgesic benefit and functional improvement. However, while additional use of the medication may be appropriate, the request appears to be for approximately 6 months of medication, which is not conducive to regular reevaluation for efficacy and continued need. Unfortunately, there is no provision for modification of the current request to allow for an appropriate amount of medication. In light of the above issues, the currently requested Tylenol #3 is not medically necessary.