

Case Number:	CM15-0134259		
Date Assigned:	07/22/2015	Date of Injury:	02/15/2012
Decision Date:	08/26/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/10/2015

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: Arizona, Texas

Certification(s)/Specialty: Internal Medicine

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 61 year old female, who sustained an industrial injury on February 15, 2012, incurring back, left arm and scapular injuries after a slip and fall. Magnetic Resonance Imaging of the lumbar spine revealed bilateral foraminal stenosis and dorsal bulging of the disc. Electromyography studies showed left lumbosacral radiculopathy. A left shoulder Magnetic Resonance Imaging revealed rotator cuff tendinosis. She was diagnosed with trapezius and thoracic strain. Treatment included physical therapy, pain medications, anti-inflammatory drugs, epidural steroid injection and work modifications. Currently, the injured worker complained of persistent low back pain, neck and left shoulder pain. The chronic pain is aggravated by lifting and daily activities. The pain interrupted her sleep and interferes with activities of daily living. The treatment plan that was requested for authorization included prescriptions for Nabumetone-Relafen, Pantoprazole-Protonix and Orphenadrine-Norflex ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone-Relafen 500mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, specific drug list & adverse effects; NSAIDs, GI symptoms & cardiovascular risk Page(s): 67, 68, 72 and 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67 and 68.

Decision rationale: All NSAIDS have a boxed warning for associated risk of adverse cardiovascular events, including MI, stroke, and new onset or worsening of pre-existing hypertension. NSAIDS can cause ulcers and bleeding in the stomach and intestines at any time during treatment. The use of NSAIDS may compromise renal function. According to the MTUS NSAIDS are recommended at the lowest dose for the shortest period of time in patients with moderate to severe pain in patients with osteoarthritis. With regards to back pain NSAIDS are recommended as an option for short-term symptomatic relief. In general, there is conflicting evidence that NSAIDS are more effective than acetaminophen for acute low back pain. In this case the patient has been using this medication long-term for chronic pain. The documentation doesn't support that she has had significant improvement in function or pain with continued use. Therefore, this request is not medically necessary.

Pantoprazole-Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, specific drug list & adverse effects; NSAIDs, GI symptoms & cardiovascular risk Page(s): 67, 68; 72 and 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & cardiovascular risk, Proton Pump (PPIs) Page(s): 68 and 69.

Decision rationale: There is no documentation that the patient has had any gastrointestinal symptoms from the use of NSAIDs or that they have any risk factors for gastrointestinal events. According to the MTUS the use of a proton pump inhibitor is appropriate when the injured worker is taking an NSAID and has high risk factors for adverse gastrointestinal events which include age >65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids or an anticoagulant of high dose NSAID. The patient does not have any symptoms that would suggest gastritis and there is no documentation that she has any risk factors for adverse gastrointestinal events. The use of a proton pump inhibitor, pantoprazole is not medically necessary.

Orphenadrine-Norflex ER 100mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-66.

Decision rationale: According to the MTUS section on chronic pain muscle relaxants (such as orphenadrine) are recommended with caution as a second-line option for short-term treatment of acute exacerbation's in patients with chronic low back pain (LBP). Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. In most cases of LBP they show no benefit beyond NSAIDS in pain and overall improvement and offer multiple side effects including sedation and somnolence. In this case the patient has been using this medication for longer than the recommended amount of time. The continued use is not medically necessary.