

Case Number:	CM15-0138501		
Date Assigned:	09/10/2015	Date of Injury:	12/18/2002
Decision Date:	10/07/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/16/2015

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, California
 Certification(s)/Specialty: Family Practice

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 47 year old male who sustained an industrial injury on 12-18-2002. Current diagnoses include status post lumbar spine disc-laminectomy L4-L5, left lower extremity radiculopathy, and cervical spine sprain-strain. Report dated 06-11-2015 noted that the injured worker presented with complaints that included chronic neck and low back pain and numbness and tingling. Pain level was 4-5 (with medications) and 10 (without medications) out of 10 on a visual analog scale (VAS). Physical examination was not performed. Previous treatments included medications and surgical intervention. The treatment plan included scheduling appointment for CBC test, follow up in 4-6 weeks to review CBC results, prescribed medications which included Norflex, Axid, and Voltaren XR. Of note this report was hard to decipher. The utilization review dated 06-30-2015, non-certified the request for Norflex and Axid based on the following rationale. Axid was non-certified due to no evidence of gastritis, peptic ulcer disease, or otherwise elevated risk of gastrointestinal events. Norflex was non-certified due to the information received and guidelines do not support long term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100mg 1 PO BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Norflex is a muscle relaxant that is similar to diphenhydramine, but has greater anticholinergic effects. According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the claimant had been on Norflex for several months in combination with Voltaren (NSAID). Chronic use if not indicated. In addition, mention of persistent spasms is not noted. Continued use of Norflex is not medically necessary.

Axid 150mg 1PO BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Axid is an H2 blocker. It is indicated for GERD. Similar to a PPI, it is to be used with for those with high risk of GI events such as bleeding, perforation, and concurrent anti-coagulation/anti-platelet use. In this case, there is no documentation of GI events or anti-platelet use that would place the claimant at risk. The claimant was on prolonged Voltaren use which was not justified based on chronic need for H2 blocker use. Therefore, the continued use of Axid is not medically necessary.