

<b>Case Number:</b>	CM15-0146384		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	11/28/2014
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	07/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 38 year old male, who sustained an industrial injury on 11-28-2014. He reported a motor vehicle accident resulting in multiple facial fractures, traumatic brain injury and neck and low back injuries requiring a lengthy inpatient hospital stay. He subsequently underwent open reduction internal fracture (ORIF) of the facial fractures and complex closure for lacerations. Diagnoses include cervical sprain, lumbar sprain, headaches, memory loss, anxiety, and depression. Treatments to date include inpatient rehabilitation therapy, medication therapy, and psychotherapy. Currently, he complained of pain in the neck, low back, head and left flank pain. On 5-29-15, the physical examination documented no new acute physical findings. The plan of care included prescriptions for Norco 5-325mg #30; Nalfon 400mg #60; Flexeril 7.5mg #90; and Protonix 20mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #30 1 Q4-6 hours for pain: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 76-89.

**Decision rationale:** The IW has a history of an industrial motor vehicle accident with facial fractures, TBI and back injuries. Request is for Norco 5/325 #30. From the medical records, the IW has been taking this medication previously. MTUS pages 88, 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). In this case, such documentation is not provided. MTUS further discusses under "outcome measures," documentation of average pain level, time it takes for medication to work, duration of relief with medication, etc. are required. In this case, none of these are provided. While the IW has clear pathology and a reason to have pain, the MTUS criteria has not been met and medical necessity has not been established. The request is not medically necessary.

**Nalfon 400mg #60 1 BID:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS  
Page(s): 6769.

**Decision rationale:** The IW has a history of an industrial motor vehicle accident with facial fractures, TBI and back injuries. Request is for Nalfon 400 mg #60, an NSAID. There is no clinical information provided to indicate how long the patient has been utilizing this NSAID medication or the functional benefits of the usage. The MTUS guidelines state that NSAIDS are recommended for the treatment of osteoarthritis. In this case, the IW has many types of injuries for which NSAIDs are indicated. The request is medically necessary.

**Flexeril 7.5 #90 1-2/day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

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

**Decision rationale:** The IW presents with a history of multiple facial fractures, TBI and back pain. The request is for Flexeril 7.5 mg #90. MTUS guidelines page 64 state the following, Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. MTUS guidelines for muscle relaxant for pain page 63 state, "Recommend non-sedating muscle relaxants with caution as a second-line option

for short-term treatment of acute exacerbations in patients with chronic LBP." MTUS does not recommend more than 2 to 3 weeks for use of the medication. Review of reports shows that the patient has been on this medication for a least several months. The treater does not mention that it is to be used for short term only. The request is not medically necessary.

**Protonix 20mg #60 1-2/day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton-pump inhibitor.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 67-69.

**Decision rationale:** The IW presents with a history o multiple facial fractures, TBI and back pain. The request is for Protonix. MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis. of GI issues. Recommendation is for denial. specific request, however, FDA indications <http://www.drugs.com/pro/protonix.html>, are present " PROTONIX- Pantoprazole, a PPI, Gastroesophageal Reflux Disease Associated with a History of Erosive Esophagitis. Protonix I.V. for Injection is indicated for short-term treatment (7 to 10 days) of adult patients with gastroesophageal reflux disease (GERD) and a history of erosive esophagitis." In this case, the IW is on an oral NSAIDs but there is no documentation of any GI issues. Medical necessity has not been established. The request is not medically necessary.