

Case Number:	CM15-0160211		
Date Assigned:	08/26/2015	Date of Injury:	02/10/2011
Decision Date:	09/29/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/17/2015

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

Certification(s)/Specialty: Emergency 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 71 year old male, who sustained an industrial injury on 2-10-2011. Diagnoses include discogenic lumbar condition with radicular component down the lower extremities, depression, sleep, sexual dysfunction, constipation and weight gain due to chronic pain. Treatment to date has included diagnostics and medications including MS Contin, Percocet, Colace, Protonix and Gabapentin. Per the Primary Treating Physician's Progress Report dated 6-29-2015 the injured worker reported significant low back pain. He reported spasms, stiffness and shooting pain in both legs. Magnetic resonance imaging (MRI) shows disc protrusions L1-L2 through L5-S1, and retrolisthesis at L4-5 and L5-S1. Physical examination revealed tenderness across the lumbar paraspinal muscles, pain along the facets and pain with facet loading. The plan of care included extension of referral to a pain management specialist for a possible injection and medication refills. Authorization was requested for Aciphex 20mg #30 and Norflex 100mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aciphex 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The requested Aciphex 20mg #30 is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors. The injured worker has low back pain. He reported spasms, stiffness and shooting pain in both legs. Magnetic resonance imaging (MRI) shows disc protrusions L1-L2 through L5-S1, and retrolisthesis at L4-5 and L5-S1. Physical examination revealed tenderness across the lumbar paraspinal muscles, pain along the facets and pain with facet loading. Despite meeting age criteria, the treating physician has not documented medication-induced GI complaints nor GI risk factors, nor objective evidence of derived functional improvement from previous use, nor failed trials of first-line GI protective medications. The criteria noted above not having been met, Aciphex 20mg #30 is not medically necessary.

Norflex 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The requested Norflex 100mg #60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has low back pain. He reported spasms, stiffness and shooting pain in both legs. Magnetic resonance imaging (MRI) shows disc protrusions L1-L2 through L5-S1, and retrolisthesis at L4-5 and L5-S1. Physical examination revealed tenderness across the lumbar paraspinal muscles, pain along the facets and pain with facet loading. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Norflex 100mg #60 is not medically necessary.

