

Case Number:	CM15-0167321		
Date Assigned:	09/08/2015	Date of Injury:	10/24/2008
Decision Date:	10/07/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/25/2015

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:

This injured worker is a 56-year-old male who reported an industrial injury on 10-24-2008. His diagnoses, and or impression, were noted to include: lumbar spine sprain-strain with super-imposed lumbar discogenic disease, lumbar spine radiculitis and lumbar facet arthrosis; status-post thoracic vertebroplasty; history of thoracic spine compression fracture; thoracic herniated nucleus pulposus; and chronic low back pain. No current imaging studies were noted. His treatments were noted to include: a home exercise program; trans-cutaneous electrical nerve stimulation unit therapy; use of a corset; medication management with toxicology studies; and rest from work. The progress notes of 8-3-2015 reported a follow-up evaluation of chronic lumbar spine pain. Objective findings were noted to include: stable vital signs; that his pain was moderate, but without his medications, his pain is severe and he is unable to live an active and functional daily lifestyle; and that decreasing his medications will dramatically increase his disability. The physician's requests for treatments were noted to include: Norco 10-325 mg, #120 for severe pain; Norflex ER 100 mg, #60, to block pain sensations; and Prilosec 20 mg, #60 to address gastrointestinal issues secondary to other medications prescribed. The Utilization Review of 8-19-2015 modified the request for Norco 10-325 mg, to #60 to allow for weaning; and non-certified the requests for Norflex ER 100 mg, #60, and Prilosec 20 mg, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for an unknown length of time without mention of pain reduction scores. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.

Norflex ER 100 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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 anti-cholinergic 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 an unknown length of time (over 1-2 months). Continued and chronic use of Norflex is not medically necessary.

Prilosec 20 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or anti-platelet use that would place the claimant at risk. There was mention of GI update with use of medication but the medications are not medically necessary. The claimant was not on NSAIDs. Therefore, the continued use of Prilosec is not medically necessary.