

Case Number:	CM15-0196530		
Date Assigned:	10/13/2015	Date of Injury:	09/22/2012
Decision Date:	11/25/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/06/2015

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: Pennsylvania

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 49 year old male who sustained an industrial injury on 9-22-12. The injured worker reported back pain with radiation to right leg and foot. A review of the medical records indicates that the injured worker is undergoing treatments for low back pain and chronic pain syndrome. Medical records dated 5-7-15 indicate "pain radiates down right leg to foot". Treatment has included Gabapentin since at least May of 2015, Norflex since at least May of 2015, injection therapy, magnetic resonance imaging and psychological evaluation (3-14-15). Objective findings dated 5-7-15 indicated "PE unchanged". The original utilization review (9-30-15) denied a request for Meloxicam 15mg #30 x2, Norflex 100mg #90 x2 and Protonix 20mg #30 x2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meloxicam 15mg #30 x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: According to the MTUS, nonsteroidal anti-inflammatory drugs such as meloxicam may be recommended for osteoarthritis and acute exacerbations of chronic back pain. However it is recommended only as a second line treatment after acetaminophen. Significant risks for side effects exist with nonsteroidal anti-inflammatory drugs as compared to acetaminophen. Furthermore, there is no evidence of long-term effectiveness for pain or function with the use of nonsteroidal anti-inflammatory drugs. The available medical record does not indicate an acute exacerbation of pain or of osteoarthritis. Furthermore, it appears this prescription is intended for chronic use as it includes 2 refills. The request is not medically necessary.

Norflex 100mg #90 x2: 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: According to the MTUS, muscle relaxants for pain are recommended 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 increased mobility. Anti-spasmodics such as Norflex are used to decrease muscle spasm in conditions such as low back pain whether spasm is present or not. Norflex is not recommended for chronic use and specifically is not recommended for longer than 2-3 weeks. The record indicates that this worker has chronic pain and there is no documentation of an acute exacerbation for which a muscle relaxant may be indicated. The request is not medically necessary.

Protonix 20mg #30 x2: 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: According to the MTUS, proton pump inhibitors such as Protonix are indicated for patients on NSAIDs at intermediate risk for gastrointestinal events. These risks include age >65, history of peptic ulcer disease, GI bleeding or perforation, concurrent use of aspirin, corticosteroid, and/or an anticoagulant, or high dose/multiple NSAID. The medical records available to this reviewer did not indicate that this worker was at risk for gastrointestinal events. There was no diagnoses or other documentation to indicate any other condition for which Protonix may be indicated. The request is not medically necessary.