MAXIMUS Federal Services

Case Number:	CM15-0031237		
Date Assigned:	02/24/2015	Date of Injury:	04/06/2002
Decision Date:	04/03/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/19/2015

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: Connecticut, California, Virginia
Certification(s)/Specialty: Preventive Medicine, Occupational 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 61 year old male who sustained an industrial injury on 04/06/12. He reports chronic low back pain. Diagnoses include chronic back and lower extremity pain. Treatments to date include medications, lumbar laminectomy, spinal cord stimulator, and a Functional Restoration Program. In a progress note dated 02/04/15 the treating provider recommends continued treatment with home exercise program, reinforcing coping skills yoga taught in the Functional Restoration Program, and medications to include Fentanyl patches, Oxycodone, and Norflex. On 02/11/15 Utilization Review non-certified Protonix and Norflex, citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole-Protonix 20mg; one tab bid, as written on 12/18/14 Qty: 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

Decision rationale: Provided clinical notes request Protonix twice daily for "stomach," but provide no evidence of GI complaints or objective physical findings to warrant continued use. The MTUS states that clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. The patient is noted to be taking Mobic regularly; however, there is not formal objective evidence on the physical exam, etc. documenting specific gastrointestinal symptoms or findings in the provided records. It is the opinion of this reviewer that the request for Prilosec should, however, be considered necessary in this case for the thirty day supply requested in order to treat possible dyspepsia and minimize potential adverse effects of withholding treatment, and allow for clarification of need prior to continued treatment beyond this thirty day request. Further treatment should be closely examined for acceptable physical examination documentation along with appropriate history to warrant continued treatment.

Orphenadrine-Norflex ER 100mg; one tab q8h, as written on 12/18/14 Qty: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. However, in most cases, they seem no more effective than NSAIDs for treatment. There is also no additional benefit shown in combination with NSAIDs. The most recent provided note (Feb 4, 2015) affords no valuable objective physical exam findings, mentioning only an antalgic gait and use of a cane. There is no musculoskeletal or neurologic exam provided, and therefore no justification for an antispasmodic. With no objective evidence of pain and functional improvement on the medication, the request cannot be considered medically necessary and appropriate.