

Case Number:	CM15-0042053		
Date Assigned:	03/12/2015	Date of Injury:	12/03/2013
Decision Date:	04/16/2015	UR Denial Date:	02/21/2015
Priority:	Standard	Application Received:	03/05/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 55 year old male injured worker suffered an industrial injury on 12/3/2013. The diagnoses were lumbar facet fracture, cervical whiplash, lumbar disc herniation, and multiple orthopedic injuries to the left shoulder, elbow, wrist, hip, knee and ankle. The diagnostic studies were lumbar magnetic resonance imaging, cervical x-rays, hip magnetic resonance imaging, bone scan of the hip, x-rays of the lumbar spine, and computerized tomography of the lumbar spine and hip. The treatments were physical therapy, medications, aquatic therapy, home exercise program, and TENS. The treating provider reported moderate to severe low back pain. It was burning in the right thigh and radiating to the right buttock. There was numbness and tingling in the low back, left hip, left thigh and left knee. The requested treatments were: 1. Naproxen 500mg #30, 2. Protonix 20mg #60, 3. Robaxin 500mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Naprosyn 500 mg #30 is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, injured workers working diagnoses are L4 - L5 facet fracture with overeating nerve root impingement/sciatica L4 - L5; L1 - L2 Kyphosis; hypothetical angle, pelvic incidence; cervical whiplash injury; multiple orthopedic injuries including left shoulder, elbow, wrist, left hip, knee; and COPD. The documentation indicates the injured worker was under the care of neurosurgeon starting February 6, 2014. The past medical history indicated stomach, intestinal problems. There was no specificity in the entry. Review of systems for abdominal complaints was negative and there were no subjective or objective findings referable to the abdomen. In February 6, 2014, the medications included Flexeril, Naproxen and Norco. On March 4, 2014, medications included naproxen QID, Flexeril with minimal relief and tramadol. Protonix 20 mg BID was added April 3, 2014. On July 11, 2014, current medications included Protonix 20mg one daily, naproxen b.i.d. and Flexeril and tramadol. On September 2014, Celebrex 200 mg PO b.i.d. was started. In the most recent progress note dated January 13, 2015, naproxen was prescribed one pill per day, Protonix 20 mg b.i.d. and Robaxin QID (for the first time) was prescribed. Naproxen is recommended at the lowest dose for the shortest period in patients with moderate or severe pain. There was no specific diagnosis of non-steroidal anti-inflammatory induced gastritis. Naproxen was prescribed as much as four times a day and presently once a day. There is no documentation of objective functional improvement associated with ongoing naproxen to gauge its efficacy. Consequently, absent clinical documentation with objective functional improvement to gauge ongoing Naproxen (Naprosyn), Naprosyn 500 mg #30 is not medically necessary.

Protonix 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Protonix 20 mg #60 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin of corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. In this case, injured

workers working diagnoses are L4 - L5 facet fracture with overeating nerve root impingement/sciatica L4 - L5; L1 - L2 Kyphosis; hypothetical angle, pelvic incidence; cervical whiplash injury; multiple orthopedic injuries including left shoulder, elbow, wrist, left hip, knee; and COPD. The documentation indicates the injured worker was under the care of neurosurgeon starting February 6, 2014. The past medical history indicated stomach, intestinal problems. There was no specificity in the entry. Review of systems for abdominal complaints was negative and there were no subjective or objective findings referable to the abdomen. In February 6, 2014, the medications included Flexeril, Naproxen and Norco. On March 4, 2014, medications included naproxen QID, Flexeril with minimal relief and tramadol. Protonix 20 mg BID was added April 3, 2014. On July 11, 2014, current medications included Protonix 20mg one daily, naproxen b.i.d. and Flexeril and tramadol. On September 2014, Celebrex 200 mg PO b.i.d. was started. In the most recent progress note dated January 13, 2015 naproxen was prescribed one pill per day, Protonix 20 mg b.i.d. and Robaxin QID (for the first time) was prescribed. There is no documentation of non-steroidal anti-inflammatory induced gastritis. There are no risk factors including peptic ulcer disease, G.I. bleeding, use of aspirin etc. additionally, Protonix 20 mg one per day is the appropriate dosing for this proton pump inhibitor. Consequently, absent clinical documentation with a clinical indication and rationale including risk factors for gastrointestinal events or non-steroidal anti-inflammatory induced gastritis, Protonix 20 mg #60 is not medically necessary.

Robaxin 500mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Robaxin 750mg is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, injured workers working diagnoses are L4 - L5 facet fracture with overeating nerve root impingement/sciatica L4 - L5; L1 - L2 Kyphosis; hypothetical angle, pelvic incidence; cervical whiplash injury; multiple orthopedic injuries including left shoulder, elbow, wrist, left hip, knee; and COPD. The documentation indicates the injured worker was under the care of neurosurgeon starting February 6, 2014. The past medical history indicated stomach, intestinal problems. There was no specificity in the entry. Review of systems for abdominal complaints was negative and there were no subjective or objective findings referable to the abdomen. In February 6, 2014, the medications included Flexeril, Naproxen and Norco. On March 4, 2014, medications included naproxen QID, Flexeril with minimal relief and tramadol. Protonix 20 mg BID was added April 3, 2014. On July 11, 2014, current medications included Protonix 20mg one daily, naproxen b.i.d. and Flexeril and tramadol. On September 2014, Celebrex 200 mg PO b.i.d. was started. In the most recent progress note dated January 13, 2015 naproxen was prescribed one pill per day,

Protonix 20 mg b.i.d. and Robaxin QID (for the first time) was prescribed. Muscle relaxants are indicated for short-term (less than two weeks) treatment of acute low back pain and short-term treatment of an acute exacerbation in chronic low back pain. The treating physician exceeded the recommended guidelines in treatment with Flexeril for approximately 10 to 11 months. Flexeril was then changed to Robaxin 750 mg QID in the progress note dated January 13, 2015. The treating physician exceeded the recommended guidelines with Flexeril, The treatment plan with Robaxin was not clinically indicated. Consequently, absent compelling clinical documentation with objective functional improvement in excess of the recommended guidelines, Robaxin 750 mg is not medically necessary.