

Case Number:	CM15-0051968		
Date Assigned:	03/25/2015	Date of Injury:	01/23/2014
Decision Date:	05/13/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/19/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 34-year-old male who reported injury on 01/23/2014. The mechanism of injury was noted to be a slip on the floor. The injured worker underwent physical therapy. The injured worker underwent electrodiagnostic studies and an MRI. There was a request for authorization submitted for review dated 01/27/2015. The documentation indicated the injured worker had utilized Norflex, Protonix, and Topiramate as well as naproxen at least since 07/2014. The most recent documentation was dated 11/18/2014. The documentation indicated the injured worker was in the office for low back pain, right knee pain, and right ankle pain. The injured worker indicated he had radicular symptoms into to the right lower extremity with associated numbness and decreased sensation in the medial aspect of his right thigh. The physical examination revealed muscle strength of 5/5. The injured worker had no edema or tenderness to palpation in any extremity. The injured worker had normal muscle tone. There were spasms and guarding in the lumbar spine. Sensation was decreased in the dermatome to light touch at L3 and L4 on the right. The medications include pantoprazole 20 mg, Topiramate 25 mg, cyclobenzaprine 5 mg, buprenorphine 0.1 mg sublingual troches, metformin hydrochloride 500 mg, and Nifedical XL 60 mg tablets. The request for authorization was made for the medications. The documentation indicated the medication cyclobenzaprine was to be exchanged for another muscle relaxant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine-Norflex ER 100mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain. Their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. There was a lack of documentation of objective functional improvement. There was a lack of documentation of exceptional factors as it was indicated the injured worker had utilized a muscle relaxant since at least 07/2014. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for orphenadrine-Norflex ER 100 mg is not medically necessary.

Pantoprazole-Protonix 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend proton pump inhibitors for injured workers at intermediate risk or higher for gastrointestinal events. They are also for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to provide documentation the injured worker had signs or symptoms of dyspepsia. There was a lack of documentation indicating the injured worker was at intermediate risk or higher for gastrointestinal events. The efficacy for the requested medication was not provided. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for pantoprazole-Protonix 20 mg #60 is not medically necessary.

Topiramate-Topamax 25mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend antiepilepsy medications as a first line medication for treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30 % - 50% and objective functional improvement. There was a lack of documentation of 30% to 50% pain relief and objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Topiramate-Topamax 25 mg #60 is not medically necessary.

Naproxen Sodium-Anaprox 550mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that NSAIDS are recommended for short term symptomatic relief of mild to moderate pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review failed to provide documentation of objective functional improvement and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for naproxen sodium-Anaprox 550 mg #90 is not medically necessary.