

<b>Case Number:</b>	CM15-0055681		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	02/07/2014
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 44-year-old female, who sustained an industrial injury on February 7, 2014. The injured worker has been treated for neck, mid back, low back and knee pain. The diagnoses have included thoracic sprain/strain, right knee contusion, cervical sprain/strain, depression, lumbar sprain/strain and psychogenic pain. Treatments to date has included medications, individual psychological treatment, physical therapy, epidural steroid injections and cognitive behavior therapy. The MRI of the lumbar spine showed L4-L5 disc bulge with neuroforamina stenosis. Current documentation dated February 13, 2015 notes that the injured worker reported low back and knee pain. Examination of the lumbar spine revealed tenderness, spasms, guarding, decreased range of motion and a positive straight leg raise on the right. Cervical spine examination showed a decreased range of motion. Muscle tone revealed atrophy of the upper and lower extremities. The treating physician's plan of care included a request for the medications Pantoprazole-Protonix 20 mg # 60 for gastrointestinal upset and Orphenadrine-Norflex ER 100 mg # 80 for muscle spasms. The medications listed are gabapentin, Prozac, Naproxen, Norflex, Protonix, Norco and morphine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pantoprazole-Protonix 20mg one (1) twice a day #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 68-71. Decision based on Non-MTUS Citation Pain Chapter NSAIDs.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prophylaxis and treatment of NSAIDs induced gastrointestinal complications in the elderly and patients with significant history of gastrointestinal disease. The records did not show a history or predisposing factor for NSAIDs induced gastritis. The provider noted that the Protonix was being utilized for the prevention of intermittent nausea associated with medication use. There is lack of guidelines or FDA support for the utilization of Protonix for the prevention or treatment of nausea. The criteria for the use of Pantoprazole - Protonix 20mg #60 was not met. The request is not medically necessary.

**Orphenadrine-Norflex ER 100mg one to two (1-2) at bedtime #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 9792.24.2 Page(s): 65. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxants.

**Decision rationale:** The CA MTUS and the ODG recommend that muscle relaxants can be utilized for the short treatment of exacerbation of musculoskeletal pain when conservative treatments with NSAIDs and PT have failed. The chronic use of muscle relaxants can be associated with the development of tolerance, addiction, sedation, dependency and adverse interactions with opioids and other sedative medications. The records indicate that the use of orphenadrine had exceeded the guidelines recommended maximum period of 4 to 6 weeks. There is no documentation of guidelines required compliance monitoring with serial UDS, absence of aberrant behavior, CURES data checks and functional restoration. The criteria for the use of orphenadrine 10mg #90 was not met. The request is not medically necessary.