

<b>Case Number:</b>	CM14-0114372		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	04/09/2014
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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. The expert reviewer is Board Certified in Internal Medicine, Pulmonary Diseases and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 57-year-old male, who reported an injury after an industrial vacuum got stuck and the injured worker pulled it free, and in doing so the injured worker injured his lower back on 04/09/2014. Clinical note dated 06/26/2014 indicated the injured worker reported chronic pain in the lower back with pain that radiated down the right and left lower extremity with associated numbness. The injured worker reported the pain ranged from 8/10 to 10/10 and was brought on by such activities as bending, lifting, twisting, prolonged sitting, getting out of cars and chairs, straining at stool, and lying flat. On physical examination, there was decreased range of motion of the lumbar spine secondary to pain with tenderness at the paraspinal muscle with spasming. The injured worker had sensation that was decreased over the left and right lower extremities. Reflexes were 1+ in the knees, hyporeactive in the ankles bilaterally. The urine drug test, collected 06/18/2014, was consistent with treatment, noting the patient had a prescription for Tramadol. The injured worker's treatment plan included follow-up in 3 weeks for further evaluation. The injured worker's prior treatments included medication management. The injured worker's medication regimen included Ultram, Norflex, naproxen, Neurontin, Protonix, and Doral. The provider submitted a request for Norflex and Protonix. A Request for Authorization was not submitted for review, to include the date the treatment was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norflex ER 100mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant Page(s): 65.

**Decision rationale:** The California Chronic Pain Medical Treatment Guidelines recommend the use of muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. There is lack of documentation of efficacy and functional improvement with the use of this medication. In addition, it was not indicated if the injured worker tried a first line medication. Furthermore, the request does not indicate a frequency. Therefore, the request for Norflex ER is not medically necessary.

**Protonix 20mg #60:** Upheld

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

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

**Decision rationale:** The California MTUS guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs and a history of peptic ulcers. There is also a risk with long-term utilization of PPI (> 1 year) which has been shown to increase the risk of hip fracture. The documentation submitted did not indicate the injured worker had gastrointestinal bleeding, perforations, or peptic ulcers. In addition, there is lack of documentation of efficacy and functional improvement with the use of Protonix. Furthermore, the request does not indicate a frequency. Therefore, the request for Protonix is not medically necessary.