

<b>Case Number:</b>	CM14-0121371		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	04/05/2009
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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 Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 56 year-old female with a date of injury of 4/5/2009. A review of the medical documentation indicates that the patient is undergoing treatment for chronic neck, back, and left arm pain. Subjective complaints (7/7/2014 and 8/8/2014) include left side neck, lumbar, and arm pain. Objective findings (7/7/2014 and 8/8/2014) include pain with motion and severely decreased range of motion in these areas, decreased reflexes in bilateral upper and lower extremities, tenderness to palpation in the lumbar area, an antalgic gait, and spasms in the neck and upper back. The patient is also diagnosed with major depressive disorder. The patient has received imaging studies (MRI) in 2010, 2013, and 2014, which showed spinal stenosis, disc protrusion, and foraminal narrowing at the L4-L5 and L5-S1 levels. The patient has previously undergone lumbar epidural steroid injections at the L5-S1 level and cervical spine surgery at the C5-7 levels including anterior partial corpectomy, anterior interbody fusion, and plate placement. A utilization review dated 7/22/2014 did not certify the request for Norflex 100 mg #90 with 1 refill and Prilosec 20 mg #60 with 1 refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norflex 100MG #90 WITH 1 REFILL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti Spasmodics Page(s): 63,65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-65.

**Decision rationale:** Norflex is classified as a muscle relaxant. According to California Medical Treatment Utilization Schedule (MTUS) chronic pain guidelines, muscle relaxants are only recommended for chronic back pain for short-term treatment of acute exacerbations. California MTUS states that muscle relaxants may be effective in reducing pain and muscle tension, but in most back pain cases they show no benefit beyond NSAIDs in pain and functional improvement. The guidelines recommend against the long-term use of muscle relaxants. This class of drug also has some side effects, including possible mood effects such as euphoria, which could be potentially concerning in a patient with another mental health diagnosis. The patient appears to have been on this medication for several months, which is in excess of what would be considered short-term therapy. The treating physician has not provided rationale for the extended use of this medication, and the medical documentation does not contain evidence of functional improvement or documented trials and failures of first line therapies. The only potential indication is the documentation of muscle spasms, but it is unclear if these are acute in nature or if the medication is helping with these symptoms since they are still occurring despite ongoing therapy. Therefore, the request for Norflex 100 mg #90 with 1 refill is not medically necessary.

**PRILOSEC 20MG #60 WITH 1 REFILL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI Symptoms & Cardiovascular Risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk

**Decision rationale:** Prilosec is classified as a proton pump inhibitor. According to California Medical Treatment Utilization (MTUS) guidelines, this type of medication is recommended in patients at intermediate or high risk for gastrointestinal events and who have no cardiovascular disease. The guidelines provide criteria for risk stratification for gastrointestinal events, including evaluation of age, history of ulcer or GI bleeding, concurrent use of medications, and/or use of high dose or multiple non-steroidal anti-inflammatory drugs (NSAID). This is meant to serve as protection from GI issues with concurrent NSAID use. Other indications for use of this medication would be for primary gastrointestinal disorders such as reflux disease. The medical documentation does not mention any primary gastrointestinal disorder or risk factors such as prior disease or concurrent use of other medications. The patient is not currently on NSAID therapy, and it is unclear what indication is meant for use of this medication. Therefore, the request for Prilosec 20 mg #60 with 1 refill is not medically necessary at this time.