

Case Number:	CM14-0134814		
Date Assigned:	08/27/2014	Date of Injury:	12/18/2002
Decision Date:	09/26/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/21/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 46-year-old male with a date of injury of 12/18/2002. The listed diagnoses per [REDACTED] are: status post lumbar spine laminectomy at L4-L5 in 2003, residual sprain/strain left lower extremity radiculopathy 4.3 mm, and cervical spine sprain/strain. [REDACTED] progress reports are handwritten and partially illegible. According to progress report 07/21/2014, the patient continues to complain of low back and mid back pain. Patient also reports occasional symptoms to the legs with moderate intermittent numbness. On examination, there is a well-healed surgical scar. Straight leg raise was positive and there was decreased range of motion. The patient was positive for joint pain, muscle spasm, and sore muscle. The provider is requesting Anaprox DS #60, Prilosec 20 mg #30, and Norflex 100 mg #60. Utilization review denied the request on 08/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Anti-inflammatory medications; NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 60, 61; 22; 67, 68.

Decision rationale: This patient presents with continued low back and midback pain with occasional symptoms to the legs. The treater is requesting a refill of Anaprox DS #60. For anti-inflammatory medications, the MTUS Guidelines page 22 states "anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long term use may not be warranted." Review of the medical file indicates the patient has been taking Anaprox DS since at least 02/16/2014. In this case, the treater does not provide a pain scale or any discussion regarding this medication's efficacy. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. Recommendation is for denial.

Prilosec 20mg #30: 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): 69.

Decision rationale: This patient presents with low back and midback pain with occasional symptoms to the legs. The treater is requesting a refill of Prilosec 20 mg #30. The MTUS Guidelines page 68 and 69 state that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. Review of the medical file indicates the patient has been taking concurrently Anaprox DS and Prilosec since at least 02/16/2014. The patient has been taking NSAID on a long term basis, but the treater does not document dyspepsia or any GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. Recommendation is for denial.

Norflex 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63 64 65.

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

Decision rationale: This patient presents with low back and midback pain with occasional symptoms to the legs. The treater is requesting Norflex 100 mg #60. Norflex is a muscle relaxant similar to Flexeril. MTUS Guidelines do not recommend long-term use of muscle relaxants and recommends using it 3 to 4 days of acute spasm and no more than 2 to 3 weeks.

The treater has been prescribing this medication for long-term use. Recommendation is for denial.