MAXIMUS Federal Services

Case Number:	CM14-0142424		
Date Assigned:	09/10/2014	Date of Injury:	07/13/2012
Decision Date:	10/14/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	09/02/2014

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 & Rehabilitation & Pain Medicine and is licensed to practice in Oklahoma. 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 44-year-old male with reported date of injury on 07/13/2012. The injury reportedly occurred when the injured worker was leaning over digging around in volt boxes and noted pain to his left knee and low back. His diagnoses were noted to include musculoligamentous sprain/strain to the lumbar spine and multilevel disc pathology. His previous treatments were noted to include physical therapy, chiropractic treatment, muscle stimulation, epidural injections, and medications. The progress note dated 08/25/2014 revealed complaints of back pain that radiated to the left lower extremity. The injured worker indicated his back pain was worse than the left lower extremity symptoms. The injured worker indicated the acupuncture had provided him with temporary relief. The injured worker indicated his low back muscle spasms were reduced with the muscle relaxant. The injured worker indicated the pain had been tolerable with medications and needed refills, and would get gastrointestinal upset with the naproxen, but it helped his pain. The injured worker indicated his pain was 4/10 with medications and 8/10 without. The physical examination of the bilateral upper and lower extremities revealed normal reflex, sensory and power testing. The straight leg raise and bowstring tests were negative bilaterally, and there was an antalgic gait. There was positive lumbar tenderness and muscle spasms were noted in the lumbar paraspinal musculature. The lumbar spine range of motion was decreased by about 20%. The provider indicated the medications decreased the pain by approximately 2 to 3 points on the pain scale and allowed for improved activities of daily living, including the ability to ambulate, use the bathroom, provide self care, cook, and clean. The injured worker's ability to function was much improved with the use of the prescribed medications and had resulted in a marked decrease in symptoms caused by the industrial injury. The Request for Authorization form dated 08/26/2014 was for Anaprox DS naproxen sodium 550 mg #90 for inflammation, Norco hydrocodone/acetaminophen 10/325 mg

#90 for pain and Protonix pantoprazole 20 mg #60 for stomach irritation. The Request for Authorization and the provider's rationale were not submitted within the medical records for the Norflex orphenadrine 100 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox-DS Naproxen Sodium #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

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

Decision rationale: The request for Anaprox-DS Naproxen Sodium #90 is not medically necessary. The injured worker has been utilizing this medication since at least 02/2014. The California Chronic Pain Medical Treatment Guidelines indicate that NSAIDs are recommended for short term symptomatic relief of low back pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. There should be documentation of objective functional improvement and objective decrease in pain. The documentation provided indicated the medications decreased the injured worker's pain by approximately 2 to 3 points on the pain scale and improved activities of daily living, including the ability to ambulate, use the bathroom, provide self care, cook and clean. The injured worker's ability to function was much more improved with the use of prescribed medications. However, the request failed to provide the frequency and dosage of this medication to be utilized. Therefore, the request is not medically necessary.

Norco Hydrocodone/APAP 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The request for Norco Hydrocodone/APAP 10/325mg #90 is not medically necessary. The injured worker has been utilizing this medication since at least 02/2014. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. The documentation provided indicated the injured worker's pain is rated 4/10 with medications and 8/10 without medications. The provider indicated the medications decreased the injured worker's pain by approximately 2 to 3 points on

the pain scale. The medication allowed for improved activities of daily living, including the ability to ambulate, use the bathroom, provide self care, cook and clean. The urine drug screen performed on 02/03/2014 was consistent with therapy. There is a lack of documentation regarding side effects of this medication. Therefore, despite evidence of decreased pain, improved functional status, consistent urine drug screens, with the lack of documentation regarding side effects, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Protonix Pantoprazole 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , NSAIDs, GI Symptoms and Cardiovascular Risk, Page(s): 68.

Decision rationale: The request for Protonix Pantoprazole 20mg #60 is not medically necessary. The injured worker has been utilizing this medication since at least 07/2014. The California Chronic Pain Medical Treatment Guidelines state clinicians should determine if the patient is at risk for gastrointestinal events, which include: age greater than 65 years, a history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or using a high dose/multiple NSAIDs. The provider indicated the injured worker was using pantoprazole as needed for gastrointestinal protection due to NSAID use and history of gastritis with medications. The previous request for Anaprox was deemed not medically necessary, and therefore, the ongoing use of pantoprazole is not appropriate. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Norflex Orphenadrine 100mg #60: 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 Muscle Relaxants Page(s): 63.

Decision rationale: The request for Norflex Orphenadrine 100mg #60 is not medically necessary. The injured worker has been utilizing muscle relaxants since at least 02/2014. The California Chronic Pain Medical Treatment Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review provides evidence that the injured worker has been on muscle relaxants for an extended duration of time, and there is a lack of documentation of an objective improvement. Therefore, continued use of this medication would not be supported.

Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary.