

Case Number:	CM14-0146842		
Date Assigned:	09/24/2014	Date of Injury:	03/16/2007
Decision Date:	11/26/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/10/2014

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, has a subspecialty in Preventive Medicine 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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 15, 2007. Thus far, the applicant has been treated with following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier lumbar spine surgery; epidural steroid injection therapy; and opioid therapy. In a Utilization Review Report dated September 2, 2014, the claims administrator approved a request for Norco, denied a request for Norflex, denied a request for Prilosec, and denied a Flurbiprofen-containing topical compound. The applicant's attorney subsequently appealed. On May 9, 2014, the applicant was given prescriptions for Norco, Norflex, and Prilosec via a preprinted prescription form without associated narrative commentary. On May 21, 2014, the attending provider sought authorization for a multilevel lumbar spine surgery. On August 14, 2014, the applicant again reported ongoing complaints of low back and leg pain. The applicant was reportedly using Prilosec, Flexeril, Ultracet, Terocin, and a Gabapentin-containing topical compounded cream. Norco, Norflex, Prilosec, and a topical-compounded Flurbiprofen-containing cream at issue were denied while the applicant was kept off of work, on total temporary disability. The applicant had a negative gastrointestinal review of systems, it was stated on this occasion. On June 20, 2014, the applicant again reported worsening low back pain. The applicant was given prescriptions for Norco, Norflex, Prilosec, Terocin, a Flurbiprofen-containing cream and Genicin, while remaining off of work, on total temporary disability. Once again, the applicant was described as having a negative Gastrointestinal (GI) review of systems.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLUBIPROFEN 20%;; Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: As noted on page 111 of MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics such as the Flurbiprofen-containing compound at issue, as a class, are deemed "largely experimental." In this case, the applicant's ongoing usage of Norco, Norflex, and another first-line oral pharmaceutical effectively obviates the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental Flurbiprofen-containing topical compound at issue. Therefore, the request was not medically necessary.

PRILOSEC 20MG #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 NSAIDS, GI symptoms, and Cardiovascular Risk Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, the progress note on file contained no mention or discussion of issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. Indeed, the attending provider reported on several occasions, referenced above, that the applicant's gastrointestinal review of systems was negative. Therefore, the request was not medically necessary.

NORFLEX ER #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 Relaxants Page(s): 63.

Decision rationale: As noted on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Norflex are reserved for short-term usage so as to combat acute exacerbations of chronic low back pain. In this case, however, the attending provider seemingly employed Norflex for chronic, long-term and scheduled-use purposes. This runs

counter to MTUS principles and parameters. It is further noted that the applicant has already received and has been using Norflex for a protracted amount of time, despite unfavorable MTUS position on long-term usage of the same. The applicant has, however, failed to demonstrate any lasting benefit or functional improvement through ongoing usage of Norflex. The applicant remains off of work, on total temporary disability, the attending provider acknowledged, on several others systems, referenced above. The applicant's pain complaints appear heightened from visit to visit, as opposed to reduce from visit to visit, despite ongoing usage of Norflex. Ongoing usage of Norflex has failed to curtail the applicant's dependence on opioid agents such as Norco and Ultracet. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Norflex. Therefore, the request was not medically necessary.