

Case Number:	CM14-0149034		
Date Assigned:	09/18/2014	Date of Injury:	12/23/2002
Decision Date:	10/29/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/12/2014

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 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 December 23, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier lumbar fusion surgery; and opioid therapy. In a Utilization Review Report dated August 28, 2014, the claims administrator partially certified a request for Norco, denied a request for Protonix, and denied a request for Norflex. The applicant's attorney subsequently appealed. In a December 5, 2013 progress note, the applicant reported persistent complaints of low back pain status post earlier failed lumbar fusion surgery in 2011. It was stated that the applicant had persistent left leg pain and numbness as well, it was stated. It was stated that the applicant was contemplating further lumbar spine surgery. The applicant was placed off of work, on total temporary disability. The applicant did undergo an L4 through L5 decompression and non-instrumented fusion surgery on February 13, 2014. On August 12, 2014, the applicant reported persistent complaints of pain, 2-4/10, exacerbated by pushing, pulling, lifting, twisting, and stooping. Residual numbness was noted about the left leg. The applicant was reportedly using Norco for pain relief. The applicant had had a negative gastrointestinal review of systems, it was stated. The applicant was asked to continue acupuncture and home exercises while remaining off of work, on total temporary disability. There was no explicit discussion of medication selection or medication efficacy. In an August 18, 2014 progress note, the applicant reported persistent complaints of low back pain. It was stated that the applicant was using a half tablet of Norco twice daily. The applicant felt that her ability to stretch and exercise her back was ameliorated as a result of ongoing Norco usage. The applicant was reportedly using Norflex for muscle spasm purposes and Protonix for GI side effects. The applicant reported heartburn and nausea in the gastrointestinal review of systems

section of the report, it was stated. The applicant was not smoking, it was acknowledged. A psychology consultation was sought while Norco, Protonix, and Norflex were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Patoprazole-Protonix 20mg QTY 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton-Pump-Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic. Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Protonix are indicated in the treatment of NSAID-induced dyspepsia. In this case, the applicant was apparently reporting issues with opioid-induced dyspepsia on and around the date in question. The applicant, moreover, did posit that ongoing usage of Protonix had attenuated her gastrointestinal symptoms. Continuing the same, on balance, was therefore indicated. Therefore, the request was medically necessary.

Orphenadrine-Norflex ER 100mg QTY 90: 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 topic. Page(s): 63.

Decision rationale: As noted on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Norflex are recommended with caution as a second-line option for short-term treatment of acute exacerbations of chronic low back pain. In this case, however, the 90-tablet supply of Norflex proposed implied chronic, long-term, and scheduled usage of Norflex. This was not an MTUS-endorsed role for Norflex, a muscle relaxant, however. Therefore, the request was not medically necessary.