

Case Number:	CM14-0192262		
Date Assigned:	11/26/2014	Date of Injury:	06/03/2014
Decision Date:	01/12/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/17/2014

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 low back pain reportedly associated with an industrial injury of June 3, 2014. In a Utilization Review Report dated November 4, 2014, the claims administrator failed to approve requests for Neurontin (Gabapentin), Norflex, and Protonix. The claims administrator stated that its decisions were based on progress notes of September 18, 2014 and October 22, 2014. The applicant's attorney subsequently appealed. In a September 24, 2014 progress note, the applicant reported persistent complaints of low back pain, 6/10, associated with kneeling, bending, squatting, and twisting. The applicant stated that medications were helpful. Norco, Naprosyn, Flexeril, and omeprazole were ordered at the bottom of the report, along with topical compounded creams. The applicant's work status was not clearly outlined. On August 26, 2014, the applicant was previously given prescriptions for Cyclobenzaprine, Omeprazole, and Naprosyn. It was suggested that these medications were introduced for the first time on this date. On October 26, 2014, the applicant was given prescriptions for Norflex, Protonix, Neurontin, and Norco, along with multiple topical compounded creams for a primary complaint of 5/10 low back pain, exacerbated by standing, walking, kneeling, and squatting. The applicant's work status, once again, was not clearly outlined.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin; Pain Mechanisms Page(s): 49; 3.

Decision rationale: Based on the limited information on file, it appears that Gabapentin was initiated for the first time on October 22, 2014, i.e., just prior to the Utilization Review Report dated November 4, 2014. As noted on page 49 of the MTUS Chronic Pain Medical Treatment Guidelines, Gabapentin is considered a first-line treatment for neuropathic pain. Page 3 of the MTUS Chronic Pain Medical Treatment Guidelines embraces a rather expansive definition of neuropathic pain, noting that neuropathic pain is characterized by symptoms such as lancinating, electric shock-like pain, tingling, numbing, and burning sensations. Here, the applicant did present on office visits of September 18, 2014 and October 22, 2014 reporting ongoing complaints of low back pain radiating to the lower extremities with associated lower extremity paresthesias. The introduction of Gabapentin was, thus, indicated on or around the date in question, October 22, 2014. Therefore, the first-time request for Gabapentin was medically necessary.

Norflex 100mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; Muscle Relaxants Page(s): 7; 63.

Decision rationale: While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that 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 at issue denotes chronic, long-term, and/or scheduled usage of the same. Such long-term usage, however, runs counter to the short-term role for which muscle relaxants are espoused on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider incorporate some discussion of applicant-specific variables such as "other medications" into its choice of recommendations. Here, the attending provider did not clearly state or outline why the applicant was given a prescription for Norflex on October 22, 2014 and a prescription for cyclobenzaprine on September 24, 2014. It was not clearly stated, for instance, that cyclobenzaprine was being discontinued in favor of Norflex, implying that the attending provider intended for the applicant to employ the two muscle relaxants concurrently. No rationale for such usage was furnished. Therefore, the request was not medically necessary.

Protonix 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk; Functional Restoration Approach to Chronic Pain Ma.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Protonix are indicated to combat issues with NSAID-induced dyspepsia, in this case, however, there is no mention of any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on the October 22, 2014 progress note on which Protonix was prescribed for the first time. Furthermore, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an attending provider incorporate some discussion of applicant-specific variables such as "other medications" into its choice of pharmacotherapy. Here, however, the attending provider did not clearly state why 60 tablets of Protonix were prescribed on October 22, 2014 when 60 tablets of omeprazole were endorsed on September 24, 2014. It was not clearly stated, for instance, that omeprazole is being discontinued in favor of Protonix, suggesting that the attending provider intended for the applicant to employ the two proton pump inhibitors concurrently. No rationale for such usage, however, was furnished. Therefore, the request was not medically necessary.