

Case Number:	CM14-0216035		
Date Assigned:	01/06/2015	Date of Injury:	04/19/2014
Decision Date:	03/04/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52-year-old female with an injury date on 4/19/14. The patient complains of constant pain in the cervical spine, mid/low back, bilateral shoulders, and right hip per 10/31/14 report. The patient states that the pain in the right hip is severe, and the pain in the left shoulder/neck/back is continuous, especially the pain under her left scapula per 10/31/14 report. The patient has not had much improvement despite a course of physical therapy and work modifications per 10/22/14 report. The patient has radiating pain down into the left triceps/forearm, and numbness/tingling in all digits of the left hand per 10/22/14 report. Based on the 10/31/14 progress report provided by the treating physician, the diagnoses are: 1. cervical radiculitis associated with cervical disc displacement 2. rule out right hip arthritis 3. myofascial pain throughout the paraspinal muscles. A physical exam on 10/31/14 showed pain in right hip with internal rotation, but rest of range of motion of hips were normal. L-spine range of motion is limited with extension at 10 degrees. C-spine range of motion was restricted with extension limited by 25%." The patient's treatment history includes medications, cervical MRI, lumbar X-ray, cervical CT scan, physical therapy. The treating physician is requesting gabapentin tab 600mg #60, nabumetone - relafen 500mg #90, orphenadrine - norflex ER 100mg #90, and pantoprazole - protonix 20mg #60. The utilization review determination being challenged is dated 11/25/14 and certifies Gabapentin, certifies Nabumetone, but denies Pantoprazole as GI assessment has not been satisfied per MTUS guidelines. The requesting physician provided treatment reports from 4/21/14 to 11/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine-Norflex ER 100MG # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-66.

Decision rationale: This patient presents with neck pain, mid/low back pain, bilateral shoulder pain, and right hip pain. The treater has asked for ORPHENADRINE - NORFLEX ER 100MG #90 on 10/31/14. Regarding muscle relaxants for pain, MTUS recommends with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, there is no documentation of an exacerbation. The patient is suffering from chronic low back pain and the treater does not indicate that this medication is to be used for short-term. MTUS only supports 2-3 days use of muscle relaxants if it is to be used for an exacerbation. The request IS NOT medically necessary.

Pantoprazole-Protonix 20mg # 60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, PPI

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain chapter, Proton Pump Inhibitors

Decision rationale: This patient presents with neck pain, mid/low back pain, bilateral shoulder pain, and right hip pain. The treater has asked for PANTAPRAZOLE - PROTONIX 20MG #60 on 10/31/14. The patient was taking Prilosec per 9/19/14 report and is currently taking Prilosec per 10/31/14 report. The patient has a ?history of gastritis with NSAIDS? per 10/31/14 report. Regarding Protonix, ODG indicates as second-line use for GERD symptoms if trials of Prilosec or Prevacid have failed. In this case, the treater has asked for Pantoprazole. It appears the patient has failed a trial of Prilosec. Patient is currently taking an NSAID and a trial of Protonix is indicated for patient's history of GERD symptoms with NSAID usage. The request IS medically necessary.