MAXIMUS Federal Services

| Case Number: | CM14-0087806 | | |
|---|---|---|---|
| Date Assigned: | 07/23/2014 | Date of Injury: | 06/09/2003 |
| Decision Date: | 06/26/2015 | UR Denial Date: | 06/04/2014 |
| Priority: | Standard | Application Received: | 06/11/2014 |

## 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: Preventive Medicine, Occupational Medicine

## 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 40 year old, male who sustained a work related injury on 6/9/03. While repairing a roof, he fell through a weak area and landed 10 feet below onto a concrete surface. He lost consciousness. The diagnoses have included herniated lumbar disc, lumbar musculoligamentous strain/sprain, bilateral lower extremity radiculitis and lumbar spondylosis. Treatments have included physical therapy, pressure device for legs, electrical stimulation unit therapy, 2 sessions aqua therapy which increased his pain, and medications. In the PR-2 dated 5/21/14, the injured worker complains of lower back pain. He rates his pain level at 7/10. He is working full-time walking around and knocking on doors. No significant findings in objective evaluation. The treatment plan includes request for nerve conduction studies of both legs due to pain. The neurological evaluation was normal. Initiation of Norflex was recommended for long-term use and Protonix was recommended for GI prophylaxis. No GI symptoms were documented.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Anaprox 550mg:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67, 68.

**Decision rationale:** MTUS Guidelines recommend limited use of NSAID medications for chronic back pain; however, the Guidelines do note that they may be effective in certain circumstances. It is documented that this individual is able to remain at full duties with his current medication use. This is a reasonable exception to the general Guideline recommendations. The Anaprox 550mg is medically necessary.

**1 prescription of Norflex 100mg:** 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): 62-64.

**Decision rationale:** MTUS Guidelines do not support the chronic use of this class of muscle relaxants for chronic pain conditions. Limited use up to 3 weeks is recommended for distinct flare-ups, but the intention of the new prescription appears to be for chronic daily use. There are no documented instructions limiting the use to flare-ups. There are no unusual circumstances to justify an exception to Guidelines. The Norflex 100mg is not medically necessary.

**1 prescription of Protonix 20mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitor (PPI).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI distress Page(s): 68.

**Decision rationale:** MTUS Guidelines do not recommend the routine prophylactic use of proton pump inhibitors unless there are specific risk factors or GI symptoms associated with medication use. These qualifying conditions are not documented to be present. This class of medications is not benign with long term use associated with increased fractures and biological mineral dysregulation. Recent evidence appears to implicate this class of drugs as a cause risk for myocardial infarction due to its effects on intrinsic vasodiolator nitrous oxide. Under these circumstances, the Protonix 20mg is not supported by Guidelines and is not medically necessary.

**1 NCS (nerve conduction studies) of the lower extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back- Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** MTUS Guidelines supports the use of electrodiagnostic testing if functional neurological deficits are suspected based on a careful exam or history. These qualifying standards are not met. The neurological exam is benign and the complaints of pain are long term and stable and do not appear to coincide with a dermatomal distribution. The request is specifically due to complains of pain, which cannot be measured with Electrodiagnostic testing. The current information does not provide adequate documentation to justify nerve conduction studies of the lower extremities per the Guideline standards. There are no unusual circumstances that justify an exception to the Guidelines. The NCS (nerve conduction studies) of the lower extremities is not medically necessary.