

Case Number:	CM15-0014671		
Date Assigned:	02/02/2015	Date of Injury:	08/23/2006
Decision Date:	03/30/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/26/2015

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 injured worker is a 47-year-old male who reported an injury on 08/23/2006. The mechanism of injury was not provided. His diagnoses were noted as neck pain, syndrome post laminectomy lumbar, sciatic, disorders sacrum, neck pain, long term use medications, and therapeutic drug monitor. His surgery history was noted to include a cervical fusion performed in 2006. During the assessment on 02/04/2015, the injured worker complained of chronic neck and back pain. He reported that he continued to have neck pain that radiated down his bilateral upper extremity, with numbness and tingling. He reported that he had some benefit with less neck pain with acupuncture. He also reported that he continued to reduce the pain with the use of his current medications. The physical examination of the neck revealed painful range of motion starting at extension of 20 degrees, lateral bending of 30 degrees to the left and 30 degrees to the right, and rotation of 60 degrees bilaterally. The muscle tone of the trapezius was normal, with no palpable tenderness. His medications were noted to include Phenergan 25 mg, capsaicin 0.075% cream, ketamine 5% cream, Ambien 10 mg, morphine sulfate 30 mg, orphenadrine-Norflex ER 100 mg, pantoprazole-Protonix 20 mg, Norco 10/325 mg, and simvastatin 10 mg. The treatment plan was to evaluate the injured worker for medication management and/or ongoing medication therapy. A semi quantitative urine drug screen was noted to be administered to the injured worker. The injured worker was to continue with the current medication regimen. The rationale for the request was not provided. The Request for Authorization form was dated 01/09/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Orphenadrine (Norflex ER) 100 mg #90 with a dos of 10/06/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The request for retrospective request for orphenadrine (Norflex ER) 100 mg #90, with a DOS of 10/06/2014, is not medically necessary. The California MTUS Guidelines recommend muscle relaxants as a second line option for short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation provided evidence that the injured worker had been on this medication for an extended duration of time. There was a lack of documentation regarding objective functional improvement. As such, the continued use of this medication is not supported. Given the above, the request is not medically necessary.

Retrospective request for Pantoprazole (Protonix) 20 mg #60 with a dos of 10/06/2014: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request for retrospective request for pantoprazole (Protonix) 20 mg #60, with a dos of 10/06/2014, is not medically necessary. The California MTUS Guidelines state proton pump inhibitors are recommended for patients at immediate or high risk for gastrointestinal events. Patients with no risk factors and no cardiovascular disease do not require the use of a proton pump inhibitor. The clinical documentation does not indicate that the injured worker as at immediate or high risk for gastrointestinal events. Additionally, the frequency was not provided. Given the above, the request is not medically necessary.