MAXIMUS Federal Services

Case Number:	CM15-0015191		
Date Assigned:	02/03/2015	Date of Injury:	01/20/2005
Decision Date:	03/24/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/27/2015

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, Pain Management

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 56 year old female, who sustained an industrial injury on 01/20/2005. She has reported tripping over a box and falling forward landing on her hands, left buttock, twisting her left knee, along with injuring her right shin, wrists and both knees. Diagnoses include lumbar spine sprain, thoracic strain, and contusion of bilateral knees and hands. Treatment to date has included physical therapy, medication regimen, tendon release of the right toe, nerve conduction study, and home exercise program. In a progress note dated 04/14/2008 the treating provider reported a back flare up. The documentation provided did not contain the current requested treatments of Norflex, Naproxen, and Prilosec. On 01/06/2015 Utilization Review non-certified the requested treatment Norflex ER 100mg one by mouth daily for a quantity of 60, but allowing one refill for weaning, Naproxen 550mg by mouth twice a day by mouth as needed with a quantity 60, and Prilosec 20mg by mouth daily with a quantity of 60, noting the California Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines: Muscle Relaxants (for pain), pages 63 to 66; Anti-inflammatory Medications, page 22; NSAIDS (non-steroidal anti-inflammatory drugs), pages 67 to 68; NSAIDS, GI Symptoms & Cardiovascular Risk, pages 68 to 69.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex ER 100mg 1 po qd #60: Upheld

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

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

Decision rationale: In regard to the request for orphenadrine, Chronic Pain Medical Treatment Guidelines state that non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Specifically regarding Norflex (Orphenadrine), the guidelines state: "This drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. Side Effects: Anticholinergic effects (drowsiness, urinary retention, dry mouth). Side effects may limit use in the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects."In the submitted medical records available for review, there is no identification of a spasm on lumbar spine examination in a progress note that is associated with the Norflex ER request on date of service 12/23/2014. Although there is tenderness on exam, the lack of spasm or identificatin of an acute exacerbation, as recommended by guidelines, is not noted. In the absence of such documentation, the currently requested orphenadrine is not medically necessary.

Naproxen 550mg po bid prn #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

Decision rationale: Regarding the request for Naproxen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, it is noted that Naproxen is being used long term, but this is acceptable under some conditions. The patient continues to have continued pain, and there is documentation of a lack of side effects and continued analgesic benefit in a progress note on 11/26/14. Given such documentation, the currently requested Naproxen is medically necessary.

Prilosec 20mg by mouth daily #60: Upheld

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

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

Decision rationale: This request involves tthe appropriateness of proton pump inhibitors. The Chronic Pain Medical Treatment Guidelines on page 68-69 states the following regarding the usage of proton pump inhibitors (PPI): Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA).In the case of this injured worker, there is no documentation of any of the risk factors above including age, history of multiple NSAID use, history of gastrointestinal ulcer or bleeding, or use of concomitant anticoagulants or corticosteroids. Furthermore, there does not appear to be adequate documentation of the rationale for why PPI's are necessary in this case, or any additional gastrointestinal work-up performed by a specialist to support this request. Given this, this request is not medically necessary.