

Case Number:	CM15-0015976		
Date Assigned:	02/04/2015	Date of Injury:	10/01/2014
Decision Date:	03/27/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/28/2015

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 56-year-old male, who sustained an industrial injury on 10/1/2014. He has reported a motor vehicle accident with chest, neck, back and left shoulder/arm pain. Magnetic Resonance Imaging (MRI) from October 2014 was significant for mild disc desiccation at L4-5, and no disc herniation or stenosis. The diagnoses have included lumbar and thoracic sprain, sprain of neck, and left rotator cuff syndrome, status post rib fracture, and cervical and lumbosacral radiculopathy. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), muscle relaxer, physical therapy. Currently, the IW complains of continued neck, left shoulder and back pain with radiation to upper and lower extremities on left side, with numbness, tingling, and weakness. On December 8, 2014, physical examination documented decreased Range of Motion (ROM) to neck, shoulder, and lumbar spine. There was spasms, tenderness and guarding to the cervical and lumbar spine, with decreased sensation to C6 and L5 dermatomes. The plan of care included a neurological consultation for complaints of headache and medication therapy with continuation of physical therapy. On 12/31/2014 Utilization Review non-certified Norflex 100mg #60 with five (5) refills and Prilosec 20mg #30 with five (5) refills, noting the documentation failed to support medical necessity. The MTUS Guidelines were cited. On 1/28/2015, the injured worker submitted an application for IMR for review of Norflex 100mg #60 with five (5) refills and Prilosec 20mg #30 with five (5) refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Norflex 100 Mg #60 With 5 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official disability guidelines Mental/stress chapter, diphenhydramine

Decision rationale: The patient presents with neck, left shoulder, and back pain with radiation to upper and lower extremities on left side, with numbness, tingling, and weakness. The request is for 1 PRESCRIPTION OF NORFLEX 100MG #60 WITH 5 REFILLS. The RFA provided is dated 12/10/14. Patient's diagnosis included lumbar and thoracic sprain, sprain of neck, and left rotator cuff syndrome, status post rib fracture, and cervical and lumbosacral radiculopathy. Treatments to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), muscle relaxer, and physical therapy. Patient is temporarily totally disabled. For muscle relaxants for pain, MTUS Guidelines page 63 states, "Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." A short course of muscle relaxants may be warranted for patient's reduction of pain and muscle spasms. MTUS Guidelines do not recommend long-term use of sedating muscle relaxants and recommends using it for 3 to 4 days for acute spasm and no more than 2 to 3 weeks. ODG states, "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. This drug was approved by FDA in 1959. 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 this case, Norflex is prescribed for inflammation. Per MTUS guidelines, a short course, 3 to 4 days for acute spasm and no more than 2 to 3 weeks, of muscle relaxants may be warranted for patient's reduction of pain and muscle spasms. Long-term use of sedating muscle relaxants is not recommended. In reviewing the provided medical reports for this case, it is noted that Norflex was first mentioned on 10/20/14. Norflex is not recommended for long-term use. Furthermore, the current request for quantity 60 with 5 refills does not indicate intended short-term use. The request would exceed MTUS recommendation. Therefore, the request IS NOT medically necessary.

1 Prescription of Prilosec 20 Mg #30 With 5 Refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with neck, left shoulder, and back pain with radiation to upper and lower extremities on left side, with numbness, tingling, and weakness. The request is for 1 PRESCRIPTION OF PRILOSEC 20MG #30 WITH 5 REFILLS. The RFA provided is dated 12/10/14. Patient's diagnosis included lumbar and thoracic sprain, sprain of neck, and left rotator cuff syndrome, status post rib fracture, and cervical and lumbosacral radiculopathy. Treatments to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), muscle relaxer, and physical therapy. Patient is temporarily totally disabled. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk,; Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Regarding Prilosec, or a proton pump inhibitor, MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis. The prescription for Prilosec was first mentioned in the progress report dated 10/20/14. MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present. Per medical report dated 12/08/14, the patient has been treated with NSAIDs and has a history of gastroesophageal reflux disease which has been exacerbated with the medications prescribed for the industrial injury. The patient does present with the indication for Prilosec. Therefore, the request IS medically necessary.