

<b>Case Number:</b>	CM15-0118896		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	01/05/2012
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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: Georgia, California, Texas

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 43 year old female who sustained an industrial injury on 01/05/12. Per office notes, she also reported an exacerbation of mid back symptoms in 2014. Per most recent available office notes, she has not worked since 2014. Initial complaints and diagnoses are not available. Treatments to date include medications, a back brace, hot/cold wrap, home exercise program, an H Wave unit, and a TENS unit. Diagnostic studies include a MRI of the lumbar spine which per the treating physician revealed "a bit of wear and protrusion along the L4-L5, but is silent for L2, which is rather interesting." Nerve studies in 2013 were unremarkable. Current complaints include low back pain, with shooting pain to the left side and spasm along the calf. Current diagnoses include discogenic lumbar condition with radicular component. In a progress note dated 05/27/15 the treating provider reports the plan of care as medications including Neurontin and Tramadol, Naproxen, Aciphex, Norflex, Effexor, trazadone, Nalfon, Flexeril, Protonix, and Lunesta. The requested treatments include Nalfon, Flexeril, Protonix, Tramadol, TENS unit and conductive garment, Naproxen, Aciphex, and Norflex. 05/27/15 office note states that the injured worker "...does not have access to a TENS unit at this point and she needs something stronger anyhow." No objective evidence of muscle spasm is documented in any of the submitted office notes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nalfon 400mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** Nalfon (fenoprofen calcium) is an NSAID medication. For treatment of osteoarthritis, MTUS recommends use of NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. MTUS recommends use of NSAIDs for chronic low back pain or acute exacerbations of low back pain. The requested Nalfon is consistent with MTUS recommendations.

**Flexeril 75mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** Flexeril (cyclobenzaprine) is a muscle relaxant. MTUS recommends cyclobenzaprine for short-term use only, and notes that effect is greatest in the first 4 days of treatment. MTUS does not support the chronic, continuous use of muscle relaxants. No objective evidence of muscle spasm is documented in this case. Medical necessity is not established for the requested cyclobenzaprine.

**Protonix 20mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation (ODG-TWC), online edition, 2015, Pain (Chronic), Proton Pump Inhibitors (PPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Protonix (pantoprazole) is classified as a proton pump inhibitor (PPI). MTUS recommends PPIs as gastroprotective agents for patients receiving oral NSAIDs who report dyspepsia or have risk factors for gastrointestinal adverse events. No GI risk factors or GI complaints are documented in this case. No other condition for which use of a PPI would be clinically indicated is documented. Medical necessity is not established for the requested Protonix.

**Tramadol ER 150mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, long-term assessment.

**Decision rationale:** MTUS notes no trials of long-term opioid use for neuropathic pain. Concerning chronic back pain, MTUS states that opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy." MTUS states monitoring of the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of controlled drugs. Due to lack of documented symptomatic or functional improvement with NSAID use and lack of documented monitoring for aberrant medication behaviors, MTUS criteria for long-term opioid use are not met. Medical necessity is not established for the requested Tramadol ER.

**Purchase of TENS unit with conductive garment: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** MTUS requires documentation of a successful one-month trial of TENS prior to consideration of purchase of a TENS unit, with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. The claimant's usage pattern with previous TENS unit, as well as evidence of symptomatic or functional improvement, are not documented. MTUS requires documentation of specific rationale if a 4-lead TENS unit (rather than the generally recommended 2-lead unit) or a conductive garment are requested. No specific rationale is documented which would support the medical necessity for the requested 4-lead TENS unit or conductive garment. Due to lack of compliance with MTUS criteria, medical necessity is not established for purchase of the requested 4-lead TENS unit with conductive garment.

**Naproxen 550mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** This request includes 2 NSAID medications (Nalfon and naproxen). While MTUS criteria for NSAID medications are met, no rationale is documented which would support the medical necessity for concurrent use of 2 different NSAID medications. Medical necessity is not established for the requested naproxen.

**Aciphex 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Aciphex (rabeprazole) is classified as a proton pump inhibitor (PPI). MTUS recommends PPIs as gastroprotective agents for patients receiving oral NSAIDs who report dyspepsia or have risk factors for gastrointestinal adverse events. No GI risk factors or GI complaints are documented in this case. No other condition for which use of a PPI would be clinically indicated is documented. In addition, no rationale is documented which would support the medical necessity for concurrent use of 2 different PPIs (Protonix and Aciphex). Medical necessity is not established for the requested Aciphex.

**Norflex 100mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. MTUS states: "However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." MTUS notes side effects associated with Norflex (orphenadrine), including anticholinergic effects (drowsiness, urinary retention, dry mouth), as well as potential for abuse. Due to lack of an indication for long-term use of orphenadrine in chronic pain by MTUS, as well as lack of documented objective evidence of muscle spasm in this case, medical necessity is not established for the requested Norflex.