

Case Number:	CM15-0123534		
Date Assigned:	07/07/2015	Date of Injury:	08/20/2004
Decision Date:	09/01/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/26/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 45-year-old male who sustained an industrial injury on 8/20/04. The injured worker was diagnosed as having long-term use medications, lumbar disc displacement without myelopathy and sciatica. Currently, the injured worker was with complaints of pain in the back and legs. Previous treatments included oral non-steroidal anti-inflammatory drugs (NSAIDs), oral pain medication, activity modification, physical therapy and medicinal marijuana. Previous diagnostic studies included an electromyography, a lumbar spine magnetic resonance imaging revealing lumbar disc desiccation and a cervical magnetic resonance imaging revealing mild to moderate cervical degenerative changes and moderate sized left lateral recess and foraminal disc herniation at C5-C6. Physical examination was notable for lumbar spine with sensation decreased in the right S1 dermatome and straight leg raise positive on the right. Work status as of 6/24/15 was noted as "Previously permanent and stationary." The plan of care was for Orphenadrine (norflex) extended release 100 milligrams quantity of 90, Naproxen sodium 550 milligrams quantity of 90, Pantoprazole (protonix) 20 milligrams quantity of 60, Norco 10/325 milligrams quantity of 120, lumbar magnetic resonance imaging (MRI) and X-rays lumbar spine flexion/extension.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine (norflex) ER 100mg qty: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

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

Decision rationale: The request is for Orphenadrine (norflex) extended release 100 milligrams quantity of 90, which was modified by the UR to Orphenadrine (norflex), extended release 100 milligrams quantity of 30. The injured worker was with complaints of pain in the back and legs. CA MTUS recommends using "muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patient with chronic low back pain...Efficacy appears to diminish over time, and prolonged use of some medication in this class may lead to dependence." Provider documentation dated 4/1/15 notes a prescription for Orphenadrine (norflex) extended release 100 milligrams quantity of 90. Standards of care indicate medications within the drug class of antispasmodic/muscle relaxants are to be utilized for a short course of therapy. Additionally, Provider documentation does not give evidence the clear efficacy of this medication for injured workers pain. As such, the request for Orphenadrine (norflex) extended release 100 milligrams quantity of 90 is not medically necessary.

Naproxen sodium 550mg qty: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-70.

Decision rationale: The request is for Naproxen sodium 550 milligrams quantity of 90. The injured worker was with complaints of pain in the back and legs. CA MTUS recommends the lowest dose NSAID for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors." CA MTUS recommends NSAIDs as a second-line treatment after acetaminophen and as a short-term option. Provider documentation dated 1/7/15 shows the injured worker utilized over the counter Motrin and Tylenol. Provider documentation dated 2/4/15 shows the injured workers prescriptions included Naproxen sodium 550 milligrams quantity of 90. Visit Note dated 2/4/15 does not give a visual analog score (VAS) pain rating. Visit note dated 3/4/15 gives a visual analog score (VAS) pain rating of 6/10 with the use of medications. Visit note dated 3/4/15 gives a visual analog score (VAS) pain rating of 6/10 with the use of medications. Visit note dated 4/1/15 does not give a visual analog score (VAS) pain rating. Visit note dated 4/29/15 gives a visual analog score (VAS) pain rating of 6/10. Visit note dated 5/27/15 does not give a visual analog score (VAS) pain rating. There was a lack of documentation of the objective functional improvement and an objective decrease in the VAS score. As such, the request for Naproxen sodium 550 milligrams quantity of 90 is not medically necessary.

Pantoprazole (protonix) 20mg qty: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Proton pump inhibitors.

Decision rationale: The request is for Pantoprazole (protonix) 20 milligrams quantity of 60. The injured worker was with complaints of pain in the back and legs. CA MTUS recommendations state that long-term use of proton pump inhibitors have been shown to increase the risk of hip fractures. Official Disability Guide recommends proton pump inhibitor for patients at risk for gastrointestinal events. "In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Studies suggest, however, that nearly half of all PPI prescriptions are used for unapproved indications or no indications at all." The request for Naproxen sodium 550 milligrams quantity of 90 was found to be medically unnecessary and as such, the request for Pantoprazole (protonix) 20 milligrams quantity of 60 is not medically necessary.

Norco 10/325mg qty: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80, 81, 82, 83, 86, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

Decision rationale: The request is for Norco 10/325 milligrams quantity of 120, which was modified by the UR to Norco 10/325 milligrams quantity of 70. The injured worker was with complaints of pain in the back and legs. CA MTUS discourages long-term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." Provider documentation dated 3/4/15 gives a visual analog score (VAS) pain rating of 6/10 with the use of medications and 4/29/15 gives a visual analog score (VAS) pain rating of 6/10. (Visit note dated 5/27/15 does not give a visual analog score (VAS) pain rating.) The injured workers work status was noted as "previously permanent and stationary". Provider documentation did not note an improvement in the pain level with the use of Norco 10/325 milligrams. As such, the request for Norco 10/325 milligrams quantity of 120 is not medically necessary and the modification to Norco 10/325 milligrams quantity of 70 is appropriate.

Lumbar MRI: 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), On-Line Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRI Topic.

Decision rationale: The request is for a lumbar magnetic resonance imaging (MRI). The injured worker was with complaints of pain in the back and legs. CA MTUS was silent on the requested treatment, therefore ODG was referenced. Official Disability Guide guidelines, Low Back Chapter, MRI Topic, state that, "MRI's are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation)." Provider documentation does not state a new injury, significant change in symptoms, neurologic deficits, or red flags to require an updated magnetic resonance imaging. As such, the request for a lumbar magnetic resonance imaging is not medically necessary.

X-rays lumbar spine flexion/extension: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: The request is for X-rays lumbar spine flexion/extension. The injured worker was with complaints of pain in the back and legs. CA MTUS American College of Occupation and Environmental Medicine guidelines chapter 12 recommendations state that lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. Provider documentation did not specify how lumbar x-rays would aid in patient management and there are no new red flag conditions or progressive neurological deficits. As such, the request for X-rays lumbar spine flexion/extension is not medically necessary.