

Case Number:	CM15-0174879		
Date Assigned:	09/16/2015	Date of Injury:	02/07/2012
Decision Date:	10/16/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	09/04/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 42 year old male, who sustained an industrial injury on February 07, 2012. The injured worker was diagnosed as having degenerative disc disease of the lumbar and lumbosacral spine. Treatment and diagnostic studies to date has included medication regimen, magnetic resonance imaging of the lumbar spine, chiropractic therapy, physical therapy, home exercise program, and injections. In a progress note dated July 10, 2015 the treating physician reports complaints of pain to the low back that radiates to the bilateral lower extremities along with a recent fall, urinary changes of incontinence, and erectile dysfunction. Examination on July 10, 2015 was revealing for antalgic gait, decreased range of motion to the lumbar spine, positive straight leg raise bilaterally, spasm to the lumbar spine, and guarding to the lumbar spine. The treating physician also noted on July 10, 2015 that the injured worker has symptoms of constipation, heartburn, and abdominal pain. On July 10, 2015, the injured worker's medication regimen included Nabumetone-Relafen, Orphenadrine-Norflex ER, Pantoprazole-Protonix, Docusate Sodium, Gabapentin, Escitalopram-Lexapro, and Buprenorphine. On July 10, 2015 the treating physician noted that the injured worker's pain level was noted to be a 7 to 8 out of 10 on the visual analog scale but decreases to a 5 out of 10 with the use of the medication Buprenorphine along with allowing the injured worker to "better" tolerate walking, standing, and self-care activities with a reduction in pain, but did not indicate if the injured worker's pain level decreased with the use of the other pain medications listed above and the progress note did not indicate if the injured worker experienced any functional improvement with the use of the other medications. On July 29, 2015, the treating physician requested the medications of

Orphenadrine-Norflex ER and Pantoprazole-Protonix noting current use of these medications. On July 29, 2015, the Utilization Review determined the requests for retroactive Orphenadrine-Norflex ER 100 MG with a quantity of 90 and the retroactive Pantoprazole-Protonix 20 MG with a quantity of 60 for the date of service of July 10, 2015 to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Orphenadrine-Norflex ER 100 MG #90 DOS 7/10/15: 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: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) 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. 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. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain but rather ongoing back pain this is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not medically necessary.

Retro Pantoprazole-Protonix 20 MG #60 DOS 7/10/15: 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: The California chronic pain medical treatment guidelines section on NSAID therapy and proton pump inhibitors (PPI) states: Recommend with precautions as indicated below. 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 a anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastro duodenal lesions. Recommendations: Patients with no risk factor and no cardiovascular disease:

Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. There is no documentation provided that places this patient at intermediate or high risk that would justify the use of a PPI. There is no mention of current gastrointestinal or cardiovascular disease. For these reasons, the criteria set forth above per the California MTUS for the use of this medication has not been met. Therefore, the request is not medically necessary.