

Case Number:	CM15-0177726		
Date Assigned:	09/18/2015	Date of Injury:	09/12/2007
Decision Date:	10/28/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/09/2015

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, 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 50 year old female, who sustained an industrial injury on 9-12-2007. Medical records indicate the worker is undergoing treatment for lumbago, major depressive disorder and generalized anxiety disorder. A recent progress report dated 7-23-2015, reported the injured worker complained of lumbar pain and difficulty sleeping. Physical examination revealed the injured worker walked with an antalgic gait, has "limited range of motion" and decreased sensory over lumbar 5-sacral1. A psychiatric progress note from 7-22-2015 indicated the injured worker has improved sleeping, decreased disturbing thoughts and sometimes is disoriented. Treatment to date has included psychiatric treatment, Lexapro, Buspar, Protonix, Norflex and Ultram. The physician is requesting Ultram ER 150mg, Protonix 20mg #60 and Norflex 100mg #60. On 8-11-2015, the Utilization Review modified the request for Ultram ER 150mg #30 to #15 and noncertified a request for Protonix 20mg #60 and Norflex 100mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg 1 tab BID #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), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: MTUS 2009 recommends that proton pump inhibitors be considered if there is an intermediate history of gastrointestinal events when prescribed NSAIDS. The patient is not described as having risk factors for gastrointestinal events. Therefore, this request for Protonix is not medically necessary.

Ultram ER 150mg 1 cap BID #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 for chronic pain, Opioids, cancer pain vs. nonmalignant pain.

Decision rationale: MTUS 2009 states that opioids should provide functional improvement when used to treat chronic non cancer pain. The medical records do not describe any meaningful functional improvement attributable to the use of Ultram. Based upon the lack of functional improvement, Ultram ER is not medically necessary.

Norflex 100mg 1 tab BID #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 2009 states that muscle relaxants should not be used on an ongoing basis. There is no significant relief of pain or functional improvement while on the current analgesic regimen which includes Norflex. Based upon the lack of adherence to MTUS 2009 and the lack of analgesia and functional improvement with its use, Norflex is not medically necessary.