MAXIMUS Federal Services

Case Number:	CM15-0032792		
Date Assigned:	02/26/2015	Date of Injury:	10/02/2013
Decision Date:	05/11/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/23/2015

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, Washington
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 47-year-old male who reported an injury on 10/02/2013. The mechanism of injury involved a fall. The current diagnosis is lumbar or lumbosacral disc degeneration. The only clinical note submitted for review is documented on 07/23/2014. The injured worker presented for a follow-up evaluation with complaints of diffuse low back pain. The current medication regimen includes allopurinol, nabumetone, and Protonix. Upon examination of the lumbar spine, there was positive facet loading bilaterally, positive straight leg raising on the left in the supine position, 2+ deep tendon reflexes on the right, 3+ deep tendon reflexes on the left, and 4-/5 left lower extremity weakness. Recommendations included a left L4-5 transforaminal epidural steroid injection. The injured worker was also issued a prescription for cyclobenzaprine 7.5 mg and Voltaren XR 100 mg to replace nabumetone 750 mg. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole Sod Dr 40 mg Tab qd: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. In this case, there was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. There is also no quantity listed in the request. As such, the request is not medically necessary.

Orphenadrine 100 mg Tab bid pm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. In this case, it was noted that the injured worker was issued a new prescription for cyclobenzaprine. There is no indication that the patient is currently utilizing orphenadrine 100 mg. There was also no documentation of palpable muscle spasm or spasticity upon examination. There is no quantity listed in the request. The guidelines do not support long-term use of muscle relaxants. Given the above, the request is not medically necessary.