MAXIMUS Federal Services

Case Number:	CM13-0014307		
Date Assigned:	10/11/2013	Date of Injury:	03/25/2002
Decision Date:	04/28/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	08/29/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 61-year-old female with date of injury on 3/25/2002. The most recent primary treating physician's progress report, dated 8/15/2013, lists the subjective complaints as radicular pain in the right and left arm and stiffness with movement. The patient indicates that turning her neck to the left or right worsens the condition. The pain is described as aching, burning, pressure, shooting, tearing, throbbing, tingling, numbness, stiff, causes headaches, intense and hurts to turn head. She also complains of back pain, low back pain, back stiffness, radicular pain in the right leg, left shoulder pain and hip pain. She was seen by a medical legal evaluator on 7/11/2013 who indicated that she has a positive L'hemittres sign, potentially indicative of myelopathy. The objective findings indicate that that gait and station examination revealed midposition without abnormalities. The inspection of bones, joints and muscles was unremarkable. The patient had decreased sensory and decreased grip strength in the right upper extremity as compared to the left. There was decreased range of motion of the cervical spine. There was low back pain with range of motion. An examination of the cervical spine revealed left sided myofacial pain, with triggering and ropey fibrotic banding, pain with rotational extension indicative of facet capsular tears, worse on the left. The relevant diagnoses include: 1. Instability of the cervical spine status post multiple-level fusion; 2. Lumbosacral pain with radiculopathy; 3. Myofascial pain with point tenderness, triggering and ropey fibrotic banding; 4. Lumbosacral disc annular tears at L3-4, L2-3, L1-2; 5. Degenerative loss of signal at multiple levels from T1-2 down to T11-12; and 6. Pseudoarthrosis of cervical spine. The patient has been on the following medications since at least 12/20/2012: 1. Asprin 81mg: one time a day 2. Calcitrol .25mg capsule: 3 times a week 3. Coreg 6.25mg tablet: one by mouth twice daily 4. Crestor tablets 20mg: 1 every day 5. Cymbalta 30mg capsule: 1 by mouth once a day 6. Dulera 200/5 Inhaler 7. Lyrica 75mg: 1 in am; 1 at bedtime 8. Oxycontin 20mg tablet, extended release: 1 by mouth three times a day 9. Percoet 10-

325mg tablet: 1 every 4 hours as needed 10. Plavix 75mg tablet: one by mouth every day 11. Prilosec 20mg coated capsule: 1 by mouth once a day 12. Proair hfa albuterol sulfate inhalation aerosol 60mcg 13. Robaxin 500mg tablet: 1 by mouth four times a day 14. Singular tablets 10mg tablet: 1 by mouth everyday 15. Spironolactone 25mg: 1 by mouth every day 16. Topamax 50mg tablet: 1 twice a day 17. Topiramte 100mg tablet: 1 by mouth twice a day 18. Trazadone tablets 50mg: 3 at bedtime

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 10/325MG, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): s 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Percocet, the patient has reported very little, if any, functional improvement or pain relief over the course of the last year. The request for Percocet 10/325mg #180 is not medically necessary.

PRILOSEC 20MG, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISKS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISKS Page(s): 68.

Decision rationale: The Chronic Pain Guidelines indicate that physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, gastrointestinal (GI) bleeding or perforation; (3) concurrent use of aspirin (ASA), corticosteroids, and/or an anticoagulant; or (4) high dose/multiple non-steroidal anti-inflammatory drug (NSAID). Patients at intermediate risk for gastrointestinal events and no cardiovascular disease can be started on a non-selective NSAID with either a Proton Pump Inhibitor or a Cox-2 selective agent. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor Prilosec. The request for Prilosec 20 mg, #30 is not medically necessary.

ROBAXIN 100MG, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 63.

Decision rationale: The Chronic Pain Guidelines indicate that muscle relaxants are recommended with caution only on a short-term basis. The medical records provided for review indicate that the patient has been taking the muscle relaxant for an extended period of time. The request does not meet guideline recommendations. The request for Robaxn 100mg #120 is not medically necessary.