

<b>Case Number:</b>	CM13-0026770		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	09/10/2011
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### 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 56-year-old female who has filed a claim for cervical disk disorder associated with an industrial injury date of September 10, 2011. Utilization review from September 4, 2013 denied requests for Prilosec due to no increased GI risk factors, Ultram due to no evidence of measurable functional improvement, Neurontin due to no measurable functional improvement, and Nabumetone due to no measurable functional improvement. Treatment to date has included opioid and non-opioid pain medications and physical therapy. Medical records from 2013 were reviewed showing the patient complaining of neck pain with radiation to the bilateral arms. The patient notes that medications are helping with no side effects. Physical exam demonstrated a restricted range of motion of the cervical spine. There was also tenderness over the paravertebral musculature of the cervical spine. Neurological exam demonstrated decreased light touch sensation over the C5-C8/T1 on the left hand. Motor exam and reflexes were normal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRILOSEC 20MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular risk.

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

**Decision rationale:** As stated on page 68 of the California MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are recommended for patients who are at high risk for gastrointestinal events. In this case, the patient has been prescribed Prilosec since April 2013. However, there has not been any specific complaint, which pertains to a GI origin. The risk factors for this patient were also not clearly indicated. The request also does not indicate a frequency and duration. Response to previous Prilosec therapy was not assessed. Therefore, the request for Prilosec is not medically necessary.

**ULTRAM 50MG, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** Page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient has been using Ultram since October 2012. Medications were noted to help the patient's pain. However, the exact functional improvements such as increased activities of daily living or decreased pain scores were not clearly documented. Compliance and dose reduction were not appropriately addressed. Therefore, the request for Ultram is not medically necessary.

**NEURONTIN 300MG, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

**Decision rationale:** As stated on page 16-22 of the California MTUS Chronic Pain Medical Treatment Guidelines, anti-epilepsy drugs are recommended for neuropathic pain. Outcomes with at least 50% reduction of pain are considered good responses while those with 30% reduction may consider another or additional agent. In this case, the patient has a specific neurologic deficit for the left upper extremity. The patient has been using Neurontin since July 2013. However, there has not been any documentation concerning decreased pain scores or functional improvement due to the use of Neurontin. Therefore, the request for Neurontin is not medically necessary.

**NABUMETONE 500MG, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

**Decision rationale:** As stated on pages 67-68 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are useful in treating breakthrough and mixed pain conditions such as neuropathic pain, osteoarthritis, and back pain; there is no evidence for long-term effectiveness for pain and function. In this case, the patient has chronic neck pain with neurological deficit for the left upper extremity. The patient has been using Nabumetone since October 2012. However, there has not been any documentation concerning functional improvement derived from the use of Nabumetone such as improved activities of daily living. Therefore, the request for Nabumetone is not medically necessary.