

Case Number:	CM13-0028027		
Date Assigned:	11/22/2013	Date of Injury:	02/28/2012
Decision Date:	02/06/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 43-year-old male with date of injury 02/28/2012. He sustained an industrially-related injury to his neck and received several months of conservative treatment without improvement of his neck pain and upper extremity numbness. On 10/04/2012, the patient underwent a posterior cervical laminectomy by [REDACTED] for "disc herniations at C4-5, C5-6, and C6-7". The procedure failed to resolve the patient's problems and over the course of the next two months, he developed instability and a marked kyphosis of the cervical spine at the previously operated levels, most notably at C6-7. The orthopedic spine surgeon, [REDACTED], initially saw the patient in consultation on 01/08/2013. [REDACTED] believed that the post-laminectomy segmental instability was contributing to ongoing anterior compression of the cervical cord. At the time of that consultation, with the exception of decreased range of motion in the cervical spine, the patient had a completely normal neurologic examination. [REDACTED] assumed the role of primary treating physician on that date. In addition, Norco 10/325, Fexmid 7.5 mg, and Protonix 20 mg were added to the patient's medication regimen of Ultram 150 mg and Naprosyn 550 mg which the patient had been taking since at least March of 2012. The patient's medication regimen has remained the same up to the present. Frequency of dosing of all medication is absent from the chart notes. An MRI of the cervical spine performed on 01/23/2013 reported: 1. Status post wide posterior decompressed laminectomy C4-C6. No central canal stenosis. 2. Normal appearance of the cervical spinal cord and exiting nerve roots. 3. Mild to moderate multilevel degenerative disc disease and annular disc bulging without focal disc protrusion or neural impingement. On 09/10/2013, [REDACTED] performed an anterior cervical discectomy with fusion at C4-5, C5-6, and C6-7 using a modified Smith-Robinson procedure. The patient remained in the hospital overnight and wa

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

Decision rationale: The findings section of the cervical MRI done 01/23/2013 describes moderate multilevel facet osteoarthritis, more severe on the left. The MTUS guidelines recommend NSAIDs be given to patients with osteoarthritis prescribed at the lowest dose for the shortest period in patients with moderate to severe pain. The prior UR decision for non-certification of naproxen 550 #90 is reversed.

Norco #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(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. The patient is reporting minimal, intermittent pain. There is no documentation supporting the continued long-term use of opioids. Norco is not medically necessary.

Fexmid 7.5mg #60 times 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

Decision rationale: The MTUS guidelines for cyclobenzaprine state, "Recommended for a short course of therapy". The medical record indicates that the patient has been taking cyclobenzaprine since at least March of 2012. In addition, there is no documentation that the patient has muscle spasm. Fexmid 7.5mg is not medically indicated.

Ultram 150mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

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. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The patient is reporting minimal, intermittent pain. There is no documentation supporting the continued long-term use of opioids. Tramadol is not medically necessary.

Protonix 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

Decision rationale: The MTUS guidelines recommend prophylactic use of omeprazole for patients taking NSAIDs who are at intermediate risk for a gastrointestinal events and no cardiovascular disease. The following criteria are used to 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 an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The medical record does not support to use of a PPI. The request for Protonix 20 mg #60 is not medically necessary.

UDS urine drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

Decision rationale: The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that previous urine drug screen had been used for any of the above indications. Urine drug screen is not medically necessary.