

<b>Case Number:</b>	CM13-0028039		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	05/01/2012
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Orthopedic Surgery 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 claimant is a 41-year-old injured worker with a work related accident dated 05/01/12. The injured worker sustained a motor vehicle accident that resulted in acute neck, low back and right shoulder complaint. Present clinical records for review include a 09/24/13 assessment with [REDACTED] indicating current complaints of neck pain and low back pain. Records of that date indicate use of Hydrocodone has caused side effects including nausea and vomiting. Physical examination showed restricted cervical, thoracic and lumbar range of motion with diminished sensation in a left C5 dermatomal distribution and weakness noted about the psoas quadriceps and hamstring muscles distally. Working assessment was that of degenerative disc disease to the cervical, thoracic and lumbar spine with left SI joint dysfunction. Updated imaging was recommended at that date as well as continuation of medications in the form of Cyclobenzaprine, Pantoprazole, Naprosyn and Hydrocodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 7.5/650mg, quantity 60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

**Decision rationale:** Based on California MTUS Chronic Pain Medical Treatment Guidelines, the continued role of Hydrocodone would not be indicated. Clinical records reviewed fail to demonstrate significant benefit with use of this opioid analgesic and also indicate significant side effect profile including nausea and vomiting. Guideline criteria to discontinue use of opioids include no overall improvement in function. This coupled with the claimant's adverse effects from the agent would continue to fail to necessitate its use at present. The request for Hydrocodone 7.5/650mg, quantity 60 is not medically necessary and appropriate.

**Naproxen Sodium 550mg, quantity 90, dispensed on 8/15/13: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** Based on California MTUS Chronic Pain Medical Treatment Guidelines, the continued role of nonsteroidal in this case is not indicated. In regards to the chronic pain setting, guideline criteria only recommends the role of nonsteroidal agents for short term symptomatic relief stating that they are no more effective than other drugs such as Acetaminophen, muscle relaxants or analgesics alone. The MTUS Guidelines criteria do not indicate their chronic use for chronic low back or neck complaints. Given no indication of symptomatic flare or significant change in the claimant's physical exam findings, the chronic role of this agent in the claimant's course of care would not be indicated. The request for Naproxen Sodium 550mg, quantity 90, is not medically necessary and appropriate.

**Pantoprazole 20mg, quantity 90: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** Based on California MTUS Chronic Pain Medical Treatment Guidelines, Pantoprazole would not be indicated. The role of this agent of proton pump inhibitor is typically indicated for protective GI effects. The MTUS Guideline criteria indicate that the claimant needs to demonstrate a significant GI risk factor before prescribing such agent in the chronic pain setting. These would include an age greater than 65 years, a history of peptic ulcer, GI bleeding or perforation, concordant use of aspirin, corticosteroids or anticoagulants or multiple high dose nonsteroidal use age. The medical records provided for review failed to demonstrate any of the above risk factors, the specific request of continuation of this agent would not be indicated. The request for Pantoprazole 20mg, quantity 90, is not medically necessary and appropriate.

**Cyclobenzaprine 7.5mg, quantity 90: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** Based on the California MTUS Chronic Pain Medical Treatment Guidelines, the chronic or long term use of muscle relaxants is not indicated. Muscle relaxants are recommended with caution as a second line option for only short term use and acute exacerbation in patients with chronic low back pain. Medical records in this case indicate chronic use of the agent with no indication of symptomatic flare. The role of this agent in the chronic setting is not indicated. The request for Cyclobenzaprine 7.5mg, quantity 90, is not medically necessary and appropriate.