

<b>Case Number:</b>	CM13-0029542		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	07/17/2007
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 injured worker is a 69-year-old male who reported an injury on 07/17/2007, secondary to a fall. The injured worker was evaluated on 08/13/2013 for reports of neck pain radiating into the back of his head and into his upper back with numbness, tingling, and weakness in his arms and fingers rated at 6/10 to 7/10. The injured worker also reported pain in his right shoulder radiating into his arm, hands, fingers, and into his neck with weakness, numbness, and tingling with the pain rated at 6/10 to 7/10. There were also reports of lower back pain radiating into the legs rated at 7/10. The exam noted decreased range of motion of the cervical spine with forward flexion at 40 degrees, extension at 50 degrees, right rotation at 55 degrees, right bending at 25 degrees, left rotation at 50 degrees, and left bending at 20 degrees. The cervical spine exam also noted a spasm to the paraspinal musculature, trapezius, sternocleidomastoid, and strap muscles. There was a positive formainal compression test, Spurling's test, and decreased sensation noted along the C5, C6, C7, and C8 dermatomes bilaterally. The injured worker's muscle strength on the right at C5, C6, C7, and C8 was 3/5. The shoulder exam noted decreased flexion at 160 degrees, extension at 40 degrees, and abduction at 150 degrees, adduction at 40 degrees, external rotation at 80 degrees, and internal rotation at 60 degrees. There was tenderness over the greater tuberosity of humerus, subacromial grinding and clicking, a positive impingement test, and tenderness over the infraspinatus tendon. The muscle strength of the shoulder was fair on the right. The range of motion of the right elbow was noted to be decreased with flexion at 120 degrees, pronation at 60 degrees, and supination at 65 degrees. A positive Tinel's sign was noted over the cubital tunnel region on the right and tenderness over the lateral epicondyle on the right. The hand and wrist range of motion was noted to be decreased on the right with dorsoflexion at 45 degrees, volar flexion at 45 degrees, and ulnar deviation at 15 degrees. The wrist and hand examination noted tenderness over the distal radioulnar joint on the right. There was also an

abnormal 2 point discrimination over the median nerve distribution greater than 9 mm. A decreased right grip strength was also noted. There was a positive Tinel's and phalen's noted to the right. The range of motion for the thoracic spine was noted at 40 degrees at flexion. The range of motion for the lumbar spine was noted at 50 degrees flexion and 15 degrees extension. The lumbar spine revealed spasm upon palpation over the paraspinal musculature, hypesthesia in the anterolateral aspect of the foot and ankle. There was weakness noted in the big toe dorsiflexor and plantarflexor bilaterally. There was facet joint tenderness over L3-4 and L4-5 bilaterally, decreased sensation to L2-3 dermatomes bilaterally, a positive straight leg raise, and decreased motor strength in the feet. The diagnoses included a right hand sprain/strain, a right wrist sprain/strain, anxiety and depression, insomnia, cervical spine sprain/strain, and lumbar spine sprain/strain. The treatment plan included medication therapy of Anaprox, Ultram, and Flexeril. The Request for Authorization along with the rationale for the request was not found in the documentation provided.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**ANAPROX:** 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 NSAIDs Page(s): 67-73.

**Decision rationale:** The request for Anaprox is not medically necessary. The California MTUS Guidelines may recommend the use of NSAIDs as an option for short term symptomatic relief of pain. However, there is no significant clinical evidence in the documentation provided of the efficacy of the prescribed medication. Furthermore, the dosage and frequency and total number of tablets being requested is not provided. Therefore, based on the documentation provided, the request is not medically necessary.

**FEXMID:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain).

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

**Decision rationale:** The request for Fexmid is not medically necessary. The California MTUS Guidelines may recommended the use of muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. The documentation provided indicates the injured worker is to continue with the prescription of Flexeril. This would indicate the patient has been prescribed this medication prior to this exam. This timeframe exceeds the timeframe considered to be short term. Furthermore, the request does

not indicate the frequency, dosage, or total number of tablets being requested. Therefore, based on the documentation provided, the request is not medically necessary.

**NORCO:** 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): 74-95.

**Decision rationale:** The request for Norco is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the ongoing management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a significant lack of evidence of evaluation of risk for aberrant drug use behavior and side effects. Furthermore, the request does not indicate the total number of tablets, frequency, or dosage being requested. Therefore, based on the documentation provided, the request is not medically necessary.

**ULTRAM ER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ultram (Tramadol).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**Decision rationale:** The request for Ultram ER is not medically necessary. The California MTUS guidelines may recommend the use of Ultram for the ongoing management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a significant lack of evidence of an evaluation of risk for aberrant drug use behavior and side effects. Furthermore, the request does not indicate the total number of tablets, frequency, and dosage being requested. Therefore, based on the documentation provided, the request is not medically necessary.

**PRILOSEC:** 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 NSAIDs Page(s): 68.

**Decision rationale:** The request for Prilosec is not medically necessary. The California MTUS Guidelines recommend the use proton pump inhibitors when the patient is at immediate risk of gastrointestinal events and is on NSAIDs. The injured worker is currently prescribed NSAIDs;

however, there is no evidence in the documentation provided of a risk for gastrointestinal events. Furthermore, the request for the NSAIDs has been not medically necessary. There is also a significant lack of evidence of the efficacy of this medication. Furthermore, the request does not indicate the dosage, frequency, and total number of tablets being requested. Therefore, based on the documentation provided, the request is not medically necessary.