

<b>Case Number:</b>	CM13-0048123		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/12/2004
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	10/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Emergency Medicine and is licensed to practice in New York. 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 year-old female who was injured on May 12, 2004. The patient continued to experience severe neck pain radiating into her right arm. Physical examination was notable for positive cervical vertebral spine tenderness, normal motor strength in the bilateral upper extremities, and decreased sensation to pinprick and fine touch in the right upper extremity. MRI done in December 27, 2011 showed multilevel disc bulges with left foraminal stenosis at C5-6 and C6-7. Diagnoses included cervical radiculopathy, cervical facet arthrography, and cervical musculoligamentous sprain/strain. Treatment included medications, physical therapy, home exercise, and cervical spinal steroid injections. Requests for authorization for, positional MRI of the cervical spine, Norco 10/325 # 120, Anaprox 550 mg # 60, and Prilosec # 30 were submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRILOSEC 20 MG, #30:** Upheld

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

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

**Decision rationale:** Prilosec is omeprazole which is a proton pump inhibitor (PPI). PPIs are used in the treatment of peptic ulcer disease and may be prescribed in patients who are using non-steroidal anti-inflammatory drugs and are at high risk for gastrointestinal events. Risk factors for high-risk events are age greater than 65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The patient in this case was using NSAID medication, but did not have any of the risk factors for a gastrointestinal event.

**THE REQUEST FOR 1 SINGLE POSTIONAL MRI OF THE CERVICAL SPINE:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines - Neck & Upper Back (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Magnetic Resonance Imaging (MRI).

**Decision rationale:** Criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. Indications for MRI are chronic neck pain (after 3 months conservative treatment) with normal radiographs and the presence or neurologic signs or symptoms present, neck pain with radiculopathy if severe or progressive neurologic deficit, chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present, chronic neck pain where radiographs show old trauma, or neurologic signs or symptoms are present, chronic neck pain where radiographs show bone or disc margin destruction, suspected cervical spine trauma or neck pain where clinical findings suggest ligamentous injury (sprain) and radiographs and/or CT are normal, known cervical spine trauma with equivocal or positive plain films with neurological deficit, and upper back/thoracic spine trauma with neurological deficit. In this case the patient had had an MRI done in December 27, 2011. There was no emergency of red flags or significant change in the patient's symptoms since the previous MRI. Medical necessity is not established. The request should not be authorized.

**THE REQUEST FOR NORCO 10/325 #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 74-96.

**Decision rationale:** Norco is the compounded medication containing hydrocodone and acetaminophen. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the

patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDs have failed. Acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. Renal insufficiency occurs in 1 to 2% of patients with overdose. The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 4 hours with a maximum of 4 g/day. In this case the patient had been receiving opioid medication since at least February 2103. The patient was not obtaining analgesia. There is no documentation of functional improvement. The request should not be authorized.

**THE REQUEST FOR ANAPROX 550MG, #60: Upheld**

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

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

**Decision rationale:** Anaprox is a non-steroidal anti-inflammatory drug (NSAID). Chronic Medical Treatment Guidelines state that "anti-inflammatory drugs are the traditional first line of treatment, but long term use may not be warranted". For osteoarthritis it was recommended that the lowest dose for the shortest length of time be used. It was not shown to be more effective than acetaminophen, and had more adverse side effects. Adverse effects for GI toxicity and renal function have been reported. Medications for chronic pain usually provide temporary relief. Medications should be prescribed only one at a time and should show effect within 1-3 days. Record of pain and function with the medication should be recorded. In this case the patient had been receiving the NSAID medications since at least November 2012 without relief. Risk of adverse effects increases with chronic use and lack of past effectiveness is an indicator that future treatment is unlikely to be effective. The request should not be authorized.