

<b>Case Number:</b>	CM13-0065312		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/11/1998
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### 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 Illinois. 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 71-year-old female with a diagnosis of lumbar radiculopathy, and cervical spine sprain with radiculitis. The patient was seen on 10/24/2013 for a follow-up appointment in which the patient noted nothing has changed since the last visit. The patient noted that the medications are helpful, and that she continues with her home walking program. The physical exam of the lumbar spine revealed pain and tenderness over the bilateral paraspinal muscles with limited range of motion secondary to pain. The physician stated that the range of motion remained stiff and limited. The patient has positive straight leg raise bilaterally and deep tendon reflexes, which are within normal limits. The physician noted the cervical spine has a positive compression test bilaterally, tenderness to palpation over the bilateral paraspinal muscles. The physician also noted very limited range of motion secondary to pain. The treatment plan indicated that the physician has instructed the patient to continue the home exercise program to prevent deconditioning and decreased symptomatology

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CONDROLITE:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Medical Foods

**Decision rationale:** The Official Disability Guidelines indicate that the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements. The documentation provided does not show any medical disorder, disease, or condition to support the medical necessity for the Condrolite. Therefore, the request is non-certified

**NORCO 10/325 #180:** 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 Opioids, Ongoing Management Page(s): 78.

**Decision rationale:** The Official Disability Guidelines recommend the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The satisfactory responses to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The medical records do not show that a complete pain assessment has been completed at the office visits. There is no documentation about improved quality of life, decreased pain at any time, or increased level of function. The medical records indicate that the patient is on a walking program, but again does not state if this has been improvement and/or if the medication is helping and what the pain level is. Therefore, per the documentation provided for review and the recommendations of the Official Disability Guidelines, this request is non-certified

**ANAPROX DS 550MG #180:** Upheld

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

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

**Decision rationale:** The Chronic Pain Guidelines indicate that anti-inflammatory medicines are the traditional first-line treatment to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The documentation provided does not show a pain assessment to note any reduction of pain for the patient and/or if they have had any type of increased activity and functional restoration due to the medication. That, along with the recommendation about the anti-inflammatory medication, long-term use may not be warranted. The request for Anaprox is non-certified

**OMEPRAZOLE 20MG #120:** 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 Anti-Inflammatory Drugs Page(s): 22.

**Decision rationale:** The Chronic Pain Guidelines recommend the use of gastrointestinal (GI) protectants for patients who are at risk for developing gastrointestinal disturbances related to medication usage. The patient's most recent clinical documentation does not provide an adequate assessment of the patient's gastrointestinal system to support that they are at risk for the development of gastrointestinal disturbances as a result of medication usage. Therefore, the request is non-certified