

Case Number:	CM14-0103472		
Date Assigned:	07/30/2014	Date of Injury:	12/06/2005
Decision Date:	10/23/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	07/03/2014

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, has a subspecialty in Pain 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 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 records presented for review indicate that this 54 year old male was reportedly injured on December 6, 2005. The most recent progress note, dated May 7 2014, indicates that there were ongoing complaints of neck pain with radicular symptomology. The pain level is noted to be 8 out of 10 on visual analog scale (VAS). The physical examination demonstrated a significant loss of cervical spine and lumbar spine range of motion, tenderness to palpation in the neck and trapezius musculature, left upper extremity weakness and grip strength loss, tenderness throughout the lumbar spine, a decreased range of motion, and antalgic gate was reported. Diagnostic imaging studies objectified changes consistent with the surgery completed. Previous treatment includes cervical spine surgery, multiple level fusion procedures, physical therapy, multiple medications, injection therapy, and other pain management interventions. A request was made for multiple medications and was not certified in the preauthorization process on June 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67, 68,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66, 73 of 127..

Decision rationale: As noted in the MTUS guidelines, this medication is recommended as an option the relief of signs and symptoms associated with osteoarthritis. It is noted this individual has cervical spine issues between C3 and C7. Furthermore, the lumbar spine is fused between L4 and S1. There were degenerative changes, but the key piece of information is that there is actually no data to suggest any efficacy or utility. Pain levels are noted to be 8 out of 10 on visual analog scale (VAS) indicating that the medication is not having its intended effect. Therefore, there is insufficient clinical information presented support the medical necessity of continued use. This request is not medically necessary.

Prilosec 20mg #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): 68 OF127.

Decision rationale: As outlined in the MTUS, this medication is a treatment for gastroesophageal reflux disease. This is also considered a gastric protectant in those individuals utilizing nonsteroidal medications. Furthermore, there are no physical examination findings to just any gastrointestinal complex. As such, this request is not medically necessary.

FexMid 7.5mg #120 (for short term use prn): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants: Page(s): 41, 64 of 127.

Decision rationale: MTUS Guidelines support the use of skeletal muscle relaxants for the short term treatment of pain, but advises against long term use. The efficacy of long term use has not been established and the side effect profile is significant. Given the claimant's date of injury, injury sustained, treatment rendered, and the current clinical presentation, the guidelines do not support this request for chronic pain. As such, the request is not medically necessary.