

Case Number:	CM14-0105294		
Date Assigned:	07/30/2014	Date of Injury:	07/10/2012
Decision Date:	10/21/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/08/2014

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 Family 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 injured worker is a 35 year old male injured on 07/10/12 while unloading a truck of boxes, the injured worker turned to place a box onto the pallet when the boxes collapsed hitting him in the neck, right shoulder, and chest causing him to lose consciousness. The injured worker subsequently complained of chronic right shoulder, neck, and back pain. Diagnoses include cervical disc disease, cervical facet syndrome, status post right shoulder arthroscopy, lumbar disc disease, lumbar facet syndrome, and right sacroiliac joint arthropathy. The clinical note dated 03/20/14 indicated the injured worker presented complaining of soreness and tenderness in the neck, constant low back pain with associated numbness to the right lower extremity, spasm of the thoracic spine. The injured worker also complained of right shoulder pain with difficulty with overhead reaching. The injured worker rated the pain at 7-8/10. Medications included Prilosec, Flexeril, Anaprox, and Norco. The physical examination revealed moderate cervical paraspinal muscle tenderness extending to the right trapezius, facet tenderness at the levels of C2 through C5, decreased cervical range of motion, 5/5 motor strength to all muscles tested, 2+ reflexes to the bilateral upper and lower extremities, diffused tenderness over the lumbar paraspinal muscles, moderate facet tenderness at the levels of L3 through L5, right greater than left, decreased lumbar spine range of motion, sensation intact to the bilateral upper and lower extremities. The documentation indicated the injured worker was noted to be positive for Tramadol and marijuana on urine drug screen dated 01/23/14. The injured worker provided a refill of Flexeril. Prior utilization review denied request for Retrospective Fexmid 7.5mg 1 PO BID #60, Retrospective Norco 10/325mg 1 PO QD #60, Retrospective Prilosec 20mg 1 PO BID #90 and Retrospective Anaprox 550mg 1 PO BID #60 on 06/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Fexmid 7.5mg 1 PO BID #60: 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 Page(s): 41.

Decision rationale: As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the Retrospective Fexmid 7.5mg 1 PO BID #60 cannot be established as medically necessary at this time.

Retrospective Norco 10/325mg 1 PO QD #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen; Ongoing Management; Weaning Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no documented VAS pain scores for this injured worker with or without medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, Retrospective Norco 10/325mg 1 PO QD #60 cannot be established at this time.

Retrospective Prilosec 20mg 1 PO BID #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter-Proton Pump Inhibitors

Decision rationale: As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age > 65 years; 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). Documentation indicates the injured worker has a history of prolonged NSAIDs and narcotics use indicating the potential for gastric irritation and need for protection. As such, the Retro Prilosec 20mg 1 PO BID #90 is recommended as medically necessary.

Retrospective Anaprox 550mg 1 PO BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

Decision rationale: As noted on page 70 of the Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. Anaprox is a non-steroidal anti-inflammatory drug utilized in the treatment of the signs and symptoms associated with osteoarthritis. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Further, there is no indication the injured worker cannot utilize the readily available over-the-counter formulation and similar dosage of this medication when required on an as needed basis. As such, the request for Retrospective Anaprox 550mg 1 PO BID #60 cannot be established as medically necessary.