

<b>Case Number:</b>	CM14-0010660		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	10/09/2003
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 and is licensed to practice in Nevada. 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 employee is a 54-year-old gentleman states that he sustained a work related injury on October 9, 2003 when a box fell off the top of a stack of boxes and hit him on the neck and injured his neck and lower back. On most recent examination dated October 12, 2013, the injured employee complained of headaches and neck pain radiating to both the upper extremities, and low back pain radiating to the lower extremities. Current medications were stated to include Voltaren and Excedrin. The physical examination on this date included tenderness of the cervical paraspinal musculature, periscapular tenderness, posterior shoulder muscle tenderness, tenderness at the acromioclavicular joints, supraspinatus tendon tenderness, positive shoulder impingement tests, decreased shoulder range of motion, decreased cervical range of motion, bilateral lumbar para vertebral tenderness, a lower extremity positive straight leg test, and decreased lumbar range of motion. An x-ray of the cervical spine dated September 3, 2013, noted C5 - C6 generative changes and decreased lordosis. There was a diagnosis of a cervical sprain/strain, history of head trauma, right lateral epicondylitis, bilateral shoulder periscapular strain, thoracolumbar sprain/strain, and bilateral lower extremity radiculitis. Current treatment included Vicodin and Robaxin, and a recommendation for an internal medicine consultation regarding gastrointestinal upset due to medications. A review of the medical record shows a previous internal medicine consultation from May 5, 2009, which resulted in a diagnosis of incurable bowel syndrome. An internal medicine follow-up dated June 6, 2013, diagnosed the injured employee with GERD and incurable bowel syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE INTERNAL MEDICINE CONSULTATION: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice Parameters Committee of the American College of Gastroenterology. Guidelines for preventions of NSAID-related ulcer complications. Am J Gastroenterol. 2009 Mar; 104(3) 728-38.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ; 8 C.C.R. Chapter 7 Page(s): 127.

**Decision rationale:** The medical record states that the injured employee has previously seen an internal medicine doctor twice regarding gastrointestinal symptoms which has resulted in the diagnosis of GERD and irritable bowel syndrome. The California MTUS chronic pain medical treatment guidelines clearly state with patients at risk for gastrointestinal events should be treated with either a proton pump inhibitor or a Cox-2 selective agent rather than have a referral to an internal medicine physician. There is no need expressed in the attached medical record for the injured employee to be seen a third time by internal medicine. This request is not medically necessary.

**ONE PRESCRIPTION FOR VICODIN 5/500MG #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009), opioids, criteria for use Page(s): 76.

**Decision rationale:** The attached medical record states that the injured employee was previously prescribed Vicodin for many years' time. During that time there was no mention of any significant improvement of pain control or increased ability to participate in activities of daily living. The medical record does state that the engine employee had previously been prescribed Naprosyn and Flexeril in 2003 and 2004; however the efficacy of these medications were not noted. There is no indication in the medical record for the usage of Vicodin over these other medications. This request is not medically necessary.