

<b>Case Number:</b>	CM14-0016764		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	06/08/2012
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	01/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Neurological Surgery 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 55 year-old male who was reportedly injured on 6/8/2012. The mechanism of injury is noted as a pole falling and striking him on the head and left shoulder. The most recent progress note, dated 3/7/2013, indicates there are ongoing complaints of neck pain with radiation to the shoulder. Physical examination demonstrated tenderness over the left occipital region at the base of the skull, tenderness to midline at C6 and left cervical musculature from C4 to T1, cervical range of motion: flexion 45, extension 50, left/right rotation 60, right lateral tilt 30, left lateral tilt 25, and the feeling that will pass out with extension; 5/5 motor strength, sensation intact and the reflexes 2+ in the upper/lower extremities bilaterally. MRI of the cervical spine, dated 4/11/2013, demonstrated reversal of cervical lordosis and moderate spondylosis, with several small disc/osteophyte complexes at C3-C4, C4-C5, C5-C6 and C6-C7; left-sided foraminal narrowing at C3-C4 and right-sided foraminal narrowing at C5-C6 and C6-C7. Previous medications: Norco 10/325 mg, Voltaren 75 mg and Anaprox 550 mg. A request had been made for one prescription for ibuprofen 800 mg #90 and a prospective request for one prescription of Gaia Herbs. The Ibuprofen was denied and one prescription of Gaia Herbs was certified on 1/20/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PROSPECTIVE REQUEST FOR ONE PRESCRIPTION OF IBUPROFEN 800MG #90:**  
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) NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22 of 127.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) supports the use of non-steroidal anti-inflammatories (Ibuprofen) for the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Review of the available medical records, reveals the claimant has been given several non-steroidal anti-inflammatories (NSAIDs), to include Voltaren 75 mg and Anaprox 550 mg but do not document any reduction in pain or increase in function. Furthermore, using multiple non-steroidal anti-inflammatories (NSAIDs) at the same time is not advised due to gastrointestinal side effects. As such, this request is not considered medically necessary.

**PROSPECTIVE REQUEST FOR ONE GAIA HERBS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Schutte-Rodin s, Broch L, Buysee D, Dorsey C, Sateia M, Clinical Guideline for evaluation and management of chronic insomnia in adults. J Clin sleep Med. 2008 Oct 15; 4(5): 487-504.(70 references) Pubmed External Web Site Policy.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** California Medical Treatment Utilization Schedule, Official Disability Guidelines (ODG) and the Food and Drug Administration (FDA) fail to reveal any guidance or scientific evidence to support the use of Gaia Herbs for chronic pain or opiate-induced constipation. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) specifically recommends against the use of dietary supplements in the treatment of chronic pain. These supplements have not been shown to produce any meaningful benefits or improvements in functional outcomes. Based on the documentation provided, there is no evidence based medicine provided to justify the medical necessity of these supplements. As such, the requested nutritional supplement is deemed not medically necessary. As a special note, one prescription of Gaia Herbs had previously been certified on 1/20/2014.