

<b>Case Number:</b>	CM14-0150135		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	06/25/2011
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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:

Based on 08/05/14 progress report, the patient complains of neck and arm pain that has reduced significantly. Physical examination reveals moderate discomfort to palpation of the mid cervical pain. As per progress report dated 07/25/14 provided by [REDACTED] the patient is suffering from neck and mid-back with associated headache. Physical examination reveals tenderness in the C-spine with the left being greater than the right. Range of motion is limited. Some mild mid-back pain with myospasms is present. Progress report dated 07/25/14 provided by [REDACTED] reveals that the patient has pressure pain in the back of his head along with reduced neck pain. The patient has more than 15 migraine headaches per month, each lasting for about 4 hours, as per the same report. Patient suffered from left lower quadrant pain, as per progress report dated 04/28/14. He also has a history of diverticulitis which occurs once a year, as per the same report. The patient underwent right shoulder surgery and cervical spine surgery in 2012, as per progress report dated 05/27/14. His right shoulder developed adhesive capsulitis post-surgery which was treated with a release of adhesion and decompression. The patient received acupuncture and followed a home exercise program. He also underwent posterior effusion as his neck was painful and unstable after laminectomy, as per the same progress report. The patient states that "he takes much less pain medications," as per report dated 08/05/14. He states, in report dated 07/25/14, that the "neck pain is improving steadily with since surgery approximately six weeks ago." Progress report dated 07/25/14 provided by [REDACTED] says that Flexeril and Mortrin helped reduce the pain in the back. Although migraines are still present, cervical fusion has helped lessen the migraines triggered by the neck. The use of Gabapentin, however, led to emotional mood and uvular swelling, which forced him to lower the dosage. X-ray of the Cervical Spine, as per progress report dated 08/05/14: Early signs of fusion with instrumentation in place at C5-C7. CT Scan of

Abdomen and Pelvis, performed on 04/28/14: Severe diffuse diverticulosis with no evidence of diverticulitis. Diagnosis 08/05/14:- Cervical arthropathy- Status post-multilevel cervical fusion. The treater is requesting for (a) NAPROXEN 500mg # 60 (b) PROLISEC 40mg # 30. The utilization review determination being challenged is dated 09/10/14. The rationale follows: Naproxen 500mg # 60 - "NSAIDs are recommended as an option for short-term symptomatic relief and they are indicated for acute mild to moderate pain."(b) Prolisec 40mg # 30 - "Patient is not at an immediate risk of a GI event." Treatment reports were provided from 04/28/14 - 08/05/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Naproxen 500 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67,68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's, Medication for chronic pain Page(s): 22,60.

**Decision rationale:** The patient presents with neck and arm pain that leads to moderate discomfort to palpation of the mid cervical pain, as per progress report dated 08/05/14. No pain scale was provided. The request is Naproxen 500mg # 60. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, the patient has taken cyclobenzaprine and opioids to manage his pain as per progress report dated 08/05/14 and 06/18/14. The patient also took Voltaren (NSAID) to manage his neck pain as per progress report dated 04/28/14. However, none of the progress reports mention prior use of Naproxen. The treater does not discuss the functional benefit or pain reduction from the medication. MTUS require documentation of pain and function when medications are used for chronic pain (p60). Recommendation is for denial.

**Prilosec 40 mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISKS Page(s): 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 69.

**Decision rationale:** The patient presents with neck and arm pain that leads to moderate discomfort to palpation of the mid cervical pain, as per progress report dated 08/05/14. Patient suffered from left lower quadrant pain, as per progress report dated 04/28/14. He also has a history of diverticulitis which occurs once a year, as per the same report. The request is for Prilosec 40 mg #30. MTUS pg. 69 states "NSAIDs, GI symptoms and cardiovascular risk, Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different

NSAID, or consider H2-receptor antagonists or a PPI." Patient has used NSAID in the past without any indication of dyspepsia secondary to NSAID therapy in review of reports. Furthermore, there is no history of peptic ulcers, GI bleeding, or perforation for this patient, although some constipation has been noticed with the use of other NSAIDs. For prophylactic use of PPI, MTUS requires documentation of GI risk assessment, which is not provided. Recommendation is for denial.