

Case Number:	CM14-0176274		
Date Assigned:	10/29/2014	Date of Injury:	06/14/2012
Decision Date:	12/09/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/24/2014

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 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:

The patient is a 42-year-old male with a date of injury of 06/14/2012. The listed diagnoses per [REDACTED] are: 1. Cervical spine 4-mm disk protrusion at C5-C6 with moderate central canal stenosis, 3-mm disk protrusion at C6-C7 with mild spinal stenosis and anterior tear. 2. Cervical sprain/strain. 3. Cervical spine anterior discectomy with fusion on 02/25/2014. 4. Thoracic spine 1-mm disk bulge and mild bilateral facet joint arthropathy at L4-L5. 5. Thoracic spine 2-mm disk bulge at T7-T8 and 1- to 2-mm disk bulge at T10-T11. 6. Lumbar spine with bilateral facet arthropathy at L4-L5 and L5-S1. 7. Lumbar sprain/strain with multilevel degenerative disk changes. According to progress report 08/13/2014, the patient presents with ongoing neck pain which radiates to the bilateral shoulders, elbows, hands/wrists/fingers. He has weakness, numbness, and tingling over his bilateral upper extremities, especially in the morning. The patient also complains of continued low back pain which radiates to the bilateral hips, left knee, and down to his left ankle/foot/toes. Examination of the cervical spine revealed tenderness to palpation over the bilateral C5-C6 level, bilateral C6-C7 level, bilateral upper trapezius, bilateral levator scapula, and bilateral rhomboids. Range of motion examination showed pain with flexion and extension maneuvers. Examination of the thoracic spine revealed tenderness over the T11 to L1 level. Examination of the lumbar spine revealed tenderness to palpation over the bilateral L5-S1, sciatic notch, posterior aspect of the left knee, posterolateral aspect of the left calf, dorsal surface of the left foot, and plantar surface of the left foot. Range of motion revealed pain with flexion and extension maneuvers. This patient remains TTD until 10/15/2014. Physician is requesting Omeprazole 20 mg #30, Mobic 7.5 mg #60, Norco 7.5/325 mg #90, and Soma 350 mg #90. Utilization review denied the request on 09/26/2014. Treatment reports from 04/18/2014 through 10/20/2014 were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, NSAID's Page(s): 60, 61.

Decision rationale: This patient presents with ongoing pain in the neck and low back. The physician is requesting refill of Omeprazole 20 mg #30. Progress reports continually note that "he is to continue taking all medications as directed." There is no other discussion regarding medications. It is unclear why Omeprazole is being prescribed. The MTUS Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. The patient has been taking an NSAID since at least 6/31/14, but the physician does not document dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. The request is not medically necessary.

Mobic 7.5mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Meloxicam (Mobic, generic available) Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medication for chronic pain, Anti-inflammatory Page(s): 60, 22.

Decision rationale: This patient presents with ongoing pain at the neck and low back. The physician is requesting Mobic 7.5 mg #60. The MTUS Guidelines states anti-inflammatories are 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 medical file indicates the patient has been prescribed this medication since at least 06/31/2014. In this case, the physician has been prescribing this medication since at least 06/31/2014 and provides no discussion regarding its efficacy. MTUS page 60 requires documentation of pain assessment, functional changes while medications are used for chronic pain. Given the lack of discussion regarding efficacy, the request is not medically necessary.

Norco 7.5-325mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use , On-going Management / When to Continue.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89, 78.

Decision rationale: This patient presents with ongoing pain in the neck and low back. The physician is requesting a refill of Norco 7.5/325 mg #90. The MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. Review of the medical file indicates the patient has been prescribed Norco since at least 04/18/2014. In this case, continuation of Norco cannot be supported as the physician does not provide outcome measures or pain assessment as required by MTUS for opiate management. There is no discussion of specific functional improvement, changes in ADLs or quality of life changes with taking this medication. UDS and CURES reports are not provided and there is no discussion of adverse side effects and behavior. In this case, given the lack of sufficient documentation for opioid management, the request is not medically necessary.

Soma 350mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) : ANTISPASMODICS Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 64.

Decision rationale: This patient presents with ongoing neck and low back pain. The physician is requesting refill of Soma 350 mg #90. The MTUS Guidelines page 64 has the following regarding muscle relaxants, "recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations of patients with chronic LBP." In this case, the patient has prescribed this medication since at least 04/18/2014 and MTUS does not support long-term use of muscle relaxants. The request is not medically necessary.