

<b>Case Number:</b>	CM14-0060863		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	11/10/2011
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 records presented for review indicate that this 31 year-old individual was reportedly injured on 11/10/2011. The mechanism of injury is noted as a lifting injury. The most recent progress note, dated 3/17/2014. Indicates that there are ongoing complaints of neck and upper back pain. The physical examination demonstrated cervical spine: 5/5 bilateral upper extremity strength, sensation intact an equal, DTRs 1+ symmetric. Positive tenderness over the cervical paraspinals, positive tenderness over the facet joints, and cervical range of motion is full in all planes. Diagnostic imaging studies include an EMG/NCS of bilateral upper extremities dated 1/17/2014 which reveals irritation of left S1 and right C-5 posterior primary rami. Previous treatment includes medication, and conservative treatment. A request had been made for Ultracet 37.5/325 mg #90, Prilosec 20 mg #60, Naproxen 550 Mg #60, Flexeril 7.5 mg #60, and was not certified in the pre-authorization process on 4/3/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultracet 37.5/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for the Use of Opioids Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 82, 113 OF 127.

**Decision rationale:** The California MTUS guidelines support the use of Tramadol (Ultram) for short-term use after there is been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. A review of the available medical records fails to document any improvement in function or pain level with the previous use of Tramadol. A partial certification has been approved for the purposes of meeting the patient of this medication. As such, the current request is not considered medically necessary.

**Prilosec 20mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 68-69 OF 127.

**Decision rationale:** MTUS guidelines support the use of proton pump inhibitors (PPI) in patients taking non-steroidal anti-inflammatory medications with documented gastroesophageal distress symptoms and/or significant risk factors. Review of the available medical records, fails to document any signs or symptoms of GI distress which would require PPI treatment. It is noted in the subject to that the patient did complain of G.I. issues, however there were no objective clinical findings on physical exam to substantiate this. As such, this request is not considered medically necessary.

**Naproxen 550mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti inflammatory drugs) Page(s): 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS; (Effective July 18, 2009) Page(s): 66 & 73 OF 127.

**Decision rationale:** Naproxen is nonsteroidal anti-inflammatory medication that is recommended for the relief of signs and symptoms of osteoarthritis. After review of the medical documentation provided the injured worker does not have a diagnosis associated with osteoarthritis. Therefore this medication is deemed not medically necessary.

**Flexeril 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Muscle relaxants Page(s): 41, 64 OF 127.

**Decision rationale:** MTUS Guidelines support the use of skeletal muscle relaxants such as Flexeril for the short-term treatment of pain, but advises against long-term use. Given the claimant's date of injury and clinical presentation, the guidelines do not support this request for chronic pain. As such, the request is not medically necessary.