

Case Number:	CM14-0161079		
Date Assigned:	10/06/2014	Date of Injury:	10/23/2013
Decision Date:	02/20/2015	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 41-year-old female who reported an injury on 10/23/2013 due to an unspecified mechanism of injury. Diagnostic studies included unofficial MRIs performed at the cervical and lumbar spine. She presented on 12/12/2014 for a followup evaluation complaining of low back pain with radiation into both lower extremities, and left knee pain. Her medications included Anaprox 550 mg twice a day and Prilosec twice a day. A physical examination of the cervical spine showed tenderness to palpation throughout the left cervical paraspinal musculature. Her right shoulder girdle rode higher than the right with associated muscle spasm in the trapezius muscle. She had a positive Spurling's sign on the left. Range of motion was documented as flexion of 30 degrees, extension of 30 degrees, right and left lateral bend to 30 degrees, and right and left rotation to 60 degrees. Deep tendon reflexes were 2/4 with the exception of the left brachioradialis which is 0/4. Muscle strength was a 5/5 throughout with the exception of the left elbow flexor, extensors, and wrist extensors, which were 4/5. Sensation was decreased in the left posterior lateral arm and lateral forearm and bilateral palms. Examination of the lumbar spine showed trigger points and taut bands with tenderness to palpation noted throughout. Range of motion was documented as 45 degrees to flexion, 15 degrees to extension, and 20 degrees with right and left lateral bend. Deep tendon reflexes were a 2+ with the exception of the Achilles tendon, which was a 1+ on the left, and strength was a 5/5 throughout, with the exception of the ankle flexion and extension and great toe extension, which was 4/5. Sensation was decreased along the posterior lateral thigh and posterior lateral calf, and she had a positive straight leg raise in the sitting position on the left at 60 degrees. She was diagnosed with

lumbar myoligamentous injury with left lower extremity radiculopathy, left knee myoligamentous injury, cervical myoligamentous injury with left upper extremity radiculopathy, associated cervicogenic headaches, and medication induced gastritis. Information regarding surgical history was not provided for review. The treatment plan was for Prilosec 20 mg #60 and Anaprox DS 550 mg #60. The Request for Authorization form was signed on 12/12/2014. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-69.

Decision rationale: The California MTUS Guidelines indicate that NSAIDs are recommended for short term symptomatic relief of low back pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding multiple body parts. However, there is a lack of documentation showing a quantitative decrease in pain and an objective improvement in function with Anaprox DS to support its continuation. In addition, it is unclear how long the injured worker has been using this medication, and without this information, a continuation would not be supported as NSAIDs are only recommended for short term treatment. Given the above, the request is not medically necessary.

Prilosec 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: California MTUS recommends PPI's for the treatment of dyspepsia secondary to NSAID therapy and for those at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. Based on the clinical documentation submitted for review, the injured worker had a diagnosis of medication induced gastritis. However, there is a lack of documentation showing that the medication Prilosec has been effective in relieving the injured worker's gastritis. Without evidence that the medication has been alleviating the injured worker's medication induced symptoms, the requested medication would not be supported. Therefore, the request is not medically necessary.

