

Case Number:	CM14-0186834		
Date Assigned:	11/14/2014	Date of Injury:	06/24/2011
Decision Date:	01/05/2015	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/10/2014

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 Physical Medicine & Rehabilitation, 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:

This individual male was injured while employed on 06/24/2011. On physician examination on 09/17/2014, he complains of increased pain in lower back and cramping in his lower extremities. Documentation states that pain is manageable on current medical regimen which includes lumbar epidural steroid injections and oral medication consisting of Ultram ER, Anaprox DS and Norco for pain and Prilosec for medication induced gastritis symptoms. Upon examination he was noted to have bilateral tenderness to palpation of the cervical musculature, thoracic spine and lumbar musculature areas with decreased range of motion. Per documentation prior diagnostic imaging included electrodiagnostic study of his lower extremities on 04/05/2011 which was essentially unremarkable. MRI on 07/20/2011 of cervical spine revealed a 3 mm disc bulge at C5-6 with an electromyography on 01/12/2012 showing acute left C6 radiculopathy. The injured worker was noted to be working full time. Diagnosis was chronic myofascial pain in the posterior cervical and lumbar musculature. Treatment plan included oral medication refills, epidural steroid injection, trigger point injections and follow up care. The Utilization Review dated 10/07/2014 non-certified Anaprox DS 550mg BID PRN #60, non-certified Prilosec 20mg BID PRN #60, certified Ultram ER 150mg #30 and certified Norco 10/325mg #60. The reviewing physician referred to the CA MTUS recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS 550mg BID prn #60;: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs) Page(s): 22.

Decision rationale: This individual male was injured while employed on 06/24/2011. On physician examination on 09/17/2014, he complains of increased pain in lower back and cramping in his lower extremities. Documentation states that pain is manageable on current medical regimen which includes lumbar epidural steroid injections and oral medication consisting of Ultram ER, Anaprox DS and Norco for pain and Prilosec for medication induced gastritis symptoms. Upon examination he was noted to have bilateral tenderness to palpation of the cervical musculature, thoracic spine and lumbar musculature areas with decreased range of motion. Per documentation prior diagnostic imaging included electrodiagnostic study of his lower extremities on 04/05/2011 which was essentially unremarkable. MRI on 07/20/2011 of cervical spine revealed a 3 mm disc bulge at C5-6 with an electromyography on 01/12/2012 showing acute left C6 radiculopathy. The injured worker was noted to be working full time. Diagnosis was chronic myofascial pain in the posterior cervical and lumbar musculature. Treatment plan included oral medication refills, epidural steroid injection, trigger point injections and follow up care. The Utilization Review dated 10/07/2014 non-certified Anaprox DS 550mg BID PRN #60 and Prilosec 20mg BID PRN #60. 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. Monitoring of the NSAID's functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue this NSAID for neither this chronic injury nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. NSAIDs are a second line medication after use of acetaminophen. The Anaprox DS 550mg BID prn #60 is not medically necessary.

Prilosec 20mg BID prn #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular risk Page(s): 68-69.

Decision rationale: This individual male was injured while employed on 06/24/2011. On physician examination on 09/17/2014, he complains of increased pain in lower back and cramping in his lower extremities. Documentation states that pain is manageable on current medical regimen which includes lumbar epidural steroid injections and oral medication consisting of Ultram ER, Anaprox DS and Norco for pain and Prilosec for medication induced gastritis symptoms. Upon examination he was noted to have bilateral tenderness to palpation of the cervical musculature, thoracic spine and lumbar musculature areas with decreased range of motion. Per documentation prior diagnostic imaging included electrodiagnostic study of his lower extremities on 04/05/2011 which was essentially unremarkable. MRI on 07/20/2011 of

cervical spine revealed a 3 mm disc bulge at C5-6 with an electromyography on 01/12/2012 showing acute left C6 radiculopathy. The injured worker was noted to be working full time. Diagnosis was chronic myofascial pain in the posterior cervical and lumbar musculature. Treatment plan included oral medication refills, epidural steroid injection, trigger point injections and follow up care. The Utilization Review dated 10/07/2014 non-certified Anaprox DS 550mg BID PRN #60 and Prilosec 20mg BID PRN #60. Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Prilosec 20mg BID prn #60 is not medically necessary and appropriate.