MAXIMUS Federal Services

Case Number:	CM14-0193994		
Date Assigned:	12/01/2014	Date of Injury:	06/20/2012
Decision Date:	01/14/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/19/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 injured worker is a 51 year old female with a work injury dated 6/20/12.The diagnoses include lumbar myoligamentous injury with bilateral lower extremity radicular Symptoms; cervical myoligamentous injury with right upper extremity radicular symptoms; right shoulder sprain/strain; right ankle sprain/strain; left index finger sprain/strain. Under consideration are requests for Anaprox DS 550mg #60; Prilosec 20mg #60; LidoRx topical analgesics.There is a 10/15/14 progress note that states that the injured worker had her first in a series of 2 lumbar epidural injections on July 3l, 2014. She is reporting 50% to 60% pain relief, especially with the radicular symptoms in the lower extremities. She is more active, doing chores around the house and performing most ADLs easier. Her medication use has decreased by about 50%. She is quite encouraged by the first epidural. She rates her pain level as 4-5 on a scale of 1-10; previously, it was a 7. She has a significant disc protrusion of 6 mm at the L5 -S 1 level compressing the traversing SI nerve roots. The injured worker remains on her currently oral analgesic medications which includes Norco 10/325 mg up to 2 tablets a day along with Anaprox DS 550 mg which has been beneficial. She has also been experiencing less GI symptoms while on Prilosec 20 mg twice a day. She is requesting refill on her medications. She has cut her Norco use down to about 1 tablet a day. On exam the injured worker is found to be alert and cooperative but in mild to moderate distress. She moves slowly in and out of the office and has an antalgic gait favoring the right lower extremity. Examination of the posterior cervical musculature reveals tenderness to palpation bilaterally with increased muscle rigidity. There are numerous trigger points that are palpable and tender throughout the cervical paraspinal muscles. There is decreased range of motion with obvious muscle guarding. There is decreased strength in the RUE C5-C7 myotome. Sensory exam with Wartenberg pinprick wheel is decreased along the lateral arm in

approximately the CS-6 distribution on the right, in comparison to the left upper extremity. There is decreased right shoulder range of motion testing. Examination of the right shoulder reveals tenderness to palpation with no shoulder subluxation appreciated. Examination of the posterior lumbar musculature reveals tenderness to palpation bilaterally with increased muscle rigidity. There are numerous trigger points that are palpable and tender throughout the lumbar paraspinal muscles. The injured worker has decreased range of motion with obvious muscle guarding. There is decreased lumbar range of motion. There is decreased right Achilles reflex. The lower extremity motor testing is 4-4+/5 BLE. Sensory exam with Wartenberg pinprick wheel is decreased along the posterior lateral thigh and lateral calf bilaterally in approximately the L5-S1 distribution. The straight leg raise in the modified sitting position is positive at 60- bilaterally causing radicular symptoms to both lower extremities. Lumbar spine MRI performed on November 28, 2012 reveals at L5-S I a 6-mm central disc protrusion compressing the traversing right S 1 nerve root. At L4-5, there is a 2.5- mm paramedian disc protrusion. The treatment plan includes lumbar epidural steroid injection, refill of the medications requested above and physical therapy authorization.

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 NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: Anaprox DS 550mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that NSAIDS are "recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain." The documentation indicates that the injured worker has been on Anaprox DS for an extended period without evidence of significant functional improvement. As there is no evidence of long-term effectiveness of NSAIDS for function, the request for continued Anaprox DS is not medically necessary.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Proton Pump Inhibitors

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: Prilosec 20mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal

events if they meet the following criteria (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The documentation indicates that Anaprox DS is not medically necessary; therefore, the request for Prilosec is not medically necessary.

LidoRx Topical Analgesics: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: LidoRx topical analgesics are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines indicate that topical formulations of Lidocaine (whether creams, lotions or gels) are not indicated for neuropathic pain. Lidocaine patch is used for post herpetic neuralgia. The documentation does not indicate that the patient has post herpetic neuralgia or extenuating circumstances that would necessitate going against guideline recommendations. The requests for LidoRx topical analgesics are not medically necessary.