

Case Number:	CM14-0195413		
Date Assigned:	12/03/2014	Date of Injury:	07/16/2009
Decision Date:	10/06/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/21/2014

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59-year-old female who sustained a work related injury July 16, 2009. Past history included anterior cervical spinal fusion C5-6 November, 2010. According to a primary treating physician's progress report, dated October 8, 2014, the injured worker presented for re-evaluation for her neck and lower back pain. Surgery has been approved but not yet scheduled for a lumbar laminectomy at L3, L4 with disc excisions L3-4 and L4-5 with posterior interbody fusions with cages utilizing right iliac crest bone graft and a bilateral lateral fusion at L3-4 and L4-5 plus possibly L5-S1 due to transitional level with segmental pedicle screw hardware. She complains of constant severe lower back pain which radiates to her right buttock and continues down her entire right leg associated with constant numbness and tingling as well as some weakness. There is weakness and giving way of right knee with previous falls. She reports continued right arm pain which radiates from her neck to her right forearm associated with muscle spasms at her right shoulder and severe neck pain with frequent pressure headaches on the right side of her head and face. Diagnoses are herniated cervical disc C5-6, status post anterior cervical discectomy and fusion associated with residual right upper extremity radiculitis; lumbar facet spondylosis L4-5 possibly L5-S1 with degenerative disc disease; displaced cervical intervertebral disc disease; cervical spinal stenosis; brachial neuritis-radiculitis; lumbar spondylosis; lumbar, lumbosacral degenerative disc disease. At issue, is the request for authorization for Motrin, Nexium, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Page(s): 22.

Decision rationale: Based on the 10/08/14 progress report provided by treating physician, the patient presents with neck and low back pain. The patient is status post anterior cervical spine fusion at C5-6 in November 2010. The request is for Motrin 800MG. RFA with the request not provided. Patient's diagnosis includes herniated cervical disc C5-6, status post anterior cervical discectomy and fusion associated with residual right upper extremity radiculitis; lumbar facet spondylosis L4-5 possibly L5-S1 with degenerative disc disease; displaced cervical intervertebral disc disease; cervical spinal stenosis; brachial neuritis-radiculitis; lumbar spondylosis; lumbar, lumbosacral degenerative disc disease. Physical examination to the lumbar spine on 10/08/14 revealed tenderness to the paraspinal muscles and decreased range of motion, especially on extension 0 degrees. Treatment to date has included surgery, imaging studies and medications. Patient's medications include Norco, Motrin and Nexium. The patient is on modified duty, but will be off-work and remain temporarily totally stable following planned surgery. MTUS Guidelines on anti-inflammatory page 22 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." Motrin has been initiated in progress report dated 07/07/14 due to "Mobic causing nausea." Per 10/08/14 report, patient's planned surgery has been approved but not yet scheduled for a lumbar laminectomy at L3, L4 with disc excisions L3-4 and L4-5 with posterior interbody fusions with cages utilizing right iliac crest bone graft and a bilateral lateral fusion at L3-4 and L4-5 plus possibly L5-S1 due to transitional level with segmental pedicle screw hardware. Given the patient's low back condition requiring surgical intervention, the request for Motrin to cover for the patient's post-operative low back pain appears reasonable. Therefore, the request is medically necessary.

Nexium 40mg: Overturned

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

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

Decision rationale: Based on the 10/08/14 progress report provided by treating physician, the patient presents with neck and low back pain. The patient is status post anterior cervical spine fusion at C5-6 in November 2010 The request is for Nexium 40MG. RFA with the request not provided. Patient's diagnosis includes herniated cervical disc C5-6, status post anterior cervical discectomy and fusion associated with residual right upper extremity radiculitis; lumbar facet spondylosis L4-5 possibly L5-S1 with degenerative disc disease; displaced cervical intervertebral disc disease; cervical spinal stenosis; brachial neuritis-radiculitis; lumbar spondylosis; lumbar, lumbosacral degenerative disc disease. Physical examination to the lumbar spine on 10/08/14 revealed tenderness to the paraspinal muscles and decreased range of motion, especially on extension 0 degrees. Treatment to date has included surgery, imaging studies and medications. Patient's medications include Norco, Motrin and Nexium. The patient is on modified duty, but will be off-work and remain temporarily totally stable following planned

lumbar laminectomy and fusion surgery. MTUS pg 69, NSAIDs, GI symptoms & cardiovascular risk Section states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Nexium has been included in patient's medications, per progress reports dated 07/07/14 and 10/08/14. It is not known when this medication was initiated. Per 10/08/14 report, treater states the patient "has severe inflammation of the esophagus, which is controlled with Nexium." Prophylactic use of PPI is indicated by MTUS. Given patient's low back condition requiring surgical intervention, and the patient being on NSAID's therapy, the continued use of PPI appears reasonable. Therefore, this request is medically necessary.

Norco 10/325mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; and Ongoing Management; and Weaning of Medications Page(s): 91, 78-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, criteria for use of opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: Based on the 10/08/14 progress report provided by treating physician, the patient presents with neck and low back pain. The patient is status post anterior cervical spine fusion at C5-6 in November 2010 The request is for Norco 10/325MG. RFA with the request not provided. Patient's diagnosis includes herniated cervical disc C5-6, status post anterior cervical discectomy and fusion associated with residual right upper extremity radiculitis; lumbar facet spondylosis L4-5 possibly L5-S1 with degenerative disc disease; displaced cervical intervertebral disc disease; cervical spinal stenosis; brachial neuritis-radiculitis; lumbar spondylosis; lumbar, lumbosacral degenerative disc disease. Physical examination to the lumbar spine on 10/08/14 revealed tenderness to the paraspinal muscles and decreased range of motion, especially on extension 0 degrees. Treatment to date has included surgery, imaging studies and medications. Patient's medications include Norco, Motrin and Nexium. The patient is on modified duty, but will be off-work and remain temporarily totally stable following planned surgery. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "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 4As (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. For acetaminophen, MTUS guidelines on pages 11 and 12 state that "Both acetaminophen and NSAIDs have been recommended as first-line therapy for low back pain. There is insufficient evidence to recommend one medication over the other." The guidelines also point out that "Further research on this topic has been suggested. It appears that part of the reason that acetaminophen was recommended as a first-line treatment over NSAIDs in most guidelines, in part, was that acetaminophen appeared to have less adverse effects (Roelofs-Cochrane, 2008)." MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Norco has been included in patient's medications, per

progress reports dated 05/02/14, 07/07/14, and 10/08/14. It is not known when Norco was initiated. Per 10/08/14 report, patient's planned surgery has been approved but not yet scheduled for a lumbar laminectomy at L3, L4 with disc excisions L3-4 and L4-5 with posterior interbody fusions with cages utilizing right iliac crest bone graft and a bilateral lateral fusion at L3-4 and L4-5 plus possibly L5-S1 due to transitional level with segmental pedicle screw hardware. Given the patient's low back condition requiring surgical intervention, the request for Norco to cover for the patient's post-operative low back pain appears reasonable. Therefore, the request is medically necessary.