

<b>Case Number:</b>	CM14-0209051		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	12/02/2003
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 Interventional spine 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 patient is a 43-year-old male with a date of injury of 12/02/2003. According to progress report dated 10/22/2014, the patient presents with continued pain and discomfort in his neck and shoulders. The patient also complains of constant headache which radiates to the upper extremities. The patient states that the lower back pain radiates to his buttocks and lower extremities. The patient reports that "during the course of the performance of activities of daily living, there is still a significant amount of pain and stiffness in the cervical and lumbar spine and upper/lower extremities." MRI of the cervical spine from 06/28/2011 revealed status post C3-C4 fusion with previous 3-mm diffuse disk herniation resected, C4-C5 showed disk desiccation with normal disk height and increase in diffuse disk bulge from 1 to 2 mm from prior study to currently 3 mm with right neuroforaminal narrowing. The listed diagnoses are:1. Cervical sprain/strain syndrome.2. Cervical discogenic pain.3. Status post cervical fusion, residual pain.4. Cervical radiculopathy.5. Headaches.6. Thoracic spine sprain/strain syndrome.7. Right shoulder post-subacromial decompression.8. Right shoulder postsurgical changes of acromioclavicular joint with mild rotator cuff tendinosis.9. Right shoulder sprain/strain syndrome.10. Multiple disk bulges, lumbar spine.11. Disk degeneration, lumbar spine.12. Lumbar radiculopathy, bilateral.13. Sacrococcygeal pain.14. Plantar fasciitis, right foot.15. Sexual dysfunction.16. Depression and anxiety.17. Reflex sympathetic dystrophy of right upper extremity.18. Face and jaw pain, possible TMJ from clenching and grinding of the teeth.19. Insomnia.20. GI upset. The treating physician states that the patient will be prescribed refill of medications as part of the pain management treatment. The patient's current medication regimen includes Norco 10/325 mg,

MS Contin 60 mg, baclofen 10 mg, Prilosec 20 mg, Fentora 400 mcg. The patient was instructed to return to office in 4 to 6 weeks for followup and refill of medications. The Utilization Review denied the request on 11/19/2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Baclofen 10 mg, #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63, 64.

**Decision rationale:** This patient presents with chronic neck, low back, and right shoulder pain. The patient also complains of constant headaches. The current request is for baclofen 10 mg #90. For muscle relaxants for pain, the MTUS Guidelines page 63 states, "Recommended non-sedating muscle relaxants with caution as second line option for short-term treatment of acute exacerbations of patients with chronic LBP. Muscle relaxant is maybe effective in reducing pain and muscle tension, and increasing mobility; however, in most LBP cases, they show no benefit beyond NSAID and pain in overall improvement." In this case, the patient has been utilizing baclofen since at least 02/19/2014. MTUS does not recommend baclofen for long-term use. The request of Baclofen 10 mg is not medically necessary.

**Prilosec 20 mg, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

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

**Decision rationale:** This patient presents with chronic neck, low back, and right shoulder pain. The patient also complains of constant headaches. The current request is for Prilosec 20 mg #30. The MTUS Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. Review of the medical file indicates the patient has been prescribed Prilosec since at least 02/19/2014. The patient has a diagnosis of GI upset. However, review of the medical reports provides no GI assessments and no discussion regarding gastrointestinal issues. In addition, the patient's medication regimen does not include NSAID to consider the use of Prilosec. The requested Prilosec 20 mg is not medically necessary.

**3 monthly follow up visits:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), office visits

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** This patient presents with chronic neck, low back, and right shoulder pain. The patient also complains of constant headaches. The current request is for 3 monthly follow-up visits. The ACOEM Guidelines Chapter 12, low back, page 303 has the following regarding follow-up visits, "Patients with potentially work-related low back complaint should have follow-up every 3 to 5 days by mid-level practitioner or physical therapist who can counsel the patient about avoiding static positions, medication use, activity modification, and other concerns." The Utilization Review denied the request stating that "this is not to imply that no future office visits are ever appropriate; rather, any future office visits should be based upon a scientific clinical rationale rather than planned by a monthly schedule." In this case, the patient has a long history of chronic pain, reflex sympathetic dystrophy, and long-term opiate use. Given the patient's continued pain and medication intake, 3 monthly follow-up visits is within ACOEM Guidelines. The requested follow-up visits are medically necessary.