

Case Number:	CM14-0090610		
Date Assigned:	07/23/2014	Date of Injury:	08/01/1993
Decision Date:	02/04/2015	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/16/2014

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 Rehab, 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:

The patient is a 53 year old male with an injury date of 08/01/93. As per progress report dated 06/04/14, the patient complains of increased pain in the lower back that radiates to the bilateral lower extremities, left greater than right. The pain is rated at 8/10 and is aggravated with bending, twisting and turning. The patient has multilevel disc disease in the lumbar spine as well as bilateral L5 radiculopathy as per the electrodiagnostic studies. The patient is also experiencing increased pain in the neck and the left ankle. Physical examination of the cervical spine reveals tenderness to palpation along the posterior cervical musculature bilaterally accompanied by reduced range of motion. There is significant muscular rigidity along cervical musculature, upper trapezius, and medial scapular regions. Examination of the upper extremities reveals decreased sensation in the ulnar nerve distribution from the wrist proximal and distal accompanied by Wartenberg pinwheel along the lateral arm and forearm bilaterally. The patient also has positive Tinel's sign and diffuse muscle atrophy along bilateral thenar and hypothenar muscles. Examination of the lumbar spine reveals bilateral tenderness to palpation with increased muscle rigidity. Range of motion is painful and limited, and there is decreased sensation along the L5 distribution. Examination of knee reveals tenderness to palpation along the medial and lateral joint line and positive McMurray's sign in the right knee. Examination of left ankle shows tenderness to palpation and swelling. The patient received cervical ESI on 01/30/14 which led to significant relief, as per progress report dated 06/04/14. Medications include Norco, Anaprox, Ultram and Prilosec. He also received Synvisc injection which provided temporary relief, as per the same progress report. The patient's disability status is permanent and stationary, as per progress report dated 06/04/14. MRI of the Right Knee, 02/04/14, as per progress report dated 06/04/14: Complete tear of the anterior and posterior horns of the medial meniscus with degenerative changes. EMG of Bilateral Upper Extremities, 09/10/13, as per progress report

dated 06/04/14: Carpal tunnel syndrome and ulnar nerve entrapment bilaterallyEMG of Bilateral Lower Extremities, 09/10/13, as per progress report dated 06/04/14: Moderate to severe left L5 radiculopathy and moderate right L5 radiculopathyMRI of the Cervical Spine, 08/03/10, as per progress report dated 06/04/14:- 2 mm central disc protrusion with hypertrophic facet changes at C3-4- 1- 2 mm posterior disc protrusion with hypertrophic facet changes at C4-5- 3 mm posterior disc protrusion at C5-6- 2 mm posterior disc protrusion with hypertrophic facet changes at C6-7MRI of the Lumbar Spine, 03/18/10, as per progress report dated 06/04/14:- 2 mm disc protrusion and disc desiccation at T12-L1- 2 mm central disc protrusion with hypertrophic facet changes at L2-3- 2-3 mm posterior disc protrusion with spondylosis and hypertrophic facet changes at L3-4- 2 mm central disc protrusion with disc desiccation and hypertrophic facet changes at L4-5X-ray of the Left Ankle, 04/18/14: Mild osteoarthritisDiagnoses, 06/04/14:- Cervical degenerative disc disease with facet arthropathy and bilateral upper extremity radiculopathy- Thoracic spine sprain/strain syndrome with spondylolisthesis at T9-10- Lumbar degenerative disc disease with facet arthropathy, foraminal narrowing and bilateral lower extremity radiculopathy- Bilateral peroneal neuropathy- Bilateral knee internal derangement, right greater than left- Left ankle traumatic arthritis- Reactionary depression/anxiety- Medication-induced gastritis- Non-insulin dependent diabetes mellitus- Bilateral ulnar nerve entrapmentThe treater is requesting for (a) Anaprox DS 550 mg # 60 (b) PRILOSEC 20 mg # 60 (c) ULTRAM ER 150 mg # 30 (d) NORCO 10/325 mg # 240. The utilization review determination being challenged is dated 06/04/14. Treatment reports were provided from 11/19/13 - 06/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS 550mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroid anti-inflammatory drugs Page(s): 67-72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 22.

Decision rationale: The patient presents with severe pain in the neck and the lower back that radiates to the bilateral upper and lower extremities, as per progress report dated 06/04/14. The request is for Anaprox DS 550 mg # 60. The pain is rated as 8/10. Regarding NSAID's, MTUS page 22 state "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. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain.\The first prescription for Anaprox is noted in progress report dated 11/19/13. The patient has received the medication consistently since then. The treater does not discuss the NSAID specifically. In progress report dated 06/04/14, the treater states that the medications are "prescribed to relieve chronic pain as well as

increase level of function and improve quality of life." The treater also states that they assess the patients regularly. However, the reports do not reflect a change in pain scale or an improvement in function with the use of Anaprox or medications in general. Nonetheless, given the patient's chronic pain for which oral NSAIDs are indicated, the medication can be taken at the treater's discretion. This request IS medically necessary.

Prilosec 20mg #60: Overturned

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

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

Decision rationale: The patient presents with severe pain in the neck and the lower back that radiates to the bilateral upper and lower extremities, as per progress report dated 06/04/14. The request is for PRILOSEC 20 mg # 60. The pain is rated as 8/10. MTUS pg 69 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." The first prescription for Prilosec was noted in progress report dated 11/19/13. The medications has been prescribed in conjunction with Anaprox (NSAID) since then. In progress report dated 06/04/14, the treater states that "Prilosec is being utilized for GI protection as this patient has a few of the MTUS risk factors; age, NSAIDs, chronic pain and stress, poor eating habits and nutrition, some alcohol and smoking use." In a prior report dated 11/19/13, the treater states that the patient takes Anaprox and "gets some GI distress symptoms on occasion so he requires Prilosec." MTUS guidelines allow for the use of Prilosec to treat NSAID-induced gastritis. Hence, this request IS medically necessary.

Ultram ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS; medication for chronic pain Page(s): 88 and 89, 76-78; 60-61.

Decision rationale: The patient presents with severe pain in the neck and the lower back that radiates to the bilateral upper and lower extremities, as per progress report dated 06/04/14. The request is for ULTRAM ER 150 mg # 30. The pain is rated as 8/10. 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. The first prescription for Ultram is noted in progress report dated 11/19/13. The patient has received the medication consistently since then. The treater does not discuss the opioid specifically. In progress report dated 06/04/14, the treater states that the medications are "prescribed to relieve chronic pain as well as increase level of function and improve quality of life." The treater states that they assess the patients regularly. However, the reports do not reflect a change in pain scale or an improvement in function with the use of opioid. The treater also states that the patient is routinely monitored using urine drug screen and CURES reviews, and has a opioid treatment contract in place. However, none of these reports are available for review and their results are not known. The treater does not discuss side effects as well. The MTUS guidelines require specific discussion about the four As, including analgesia, specific ADL's, adverse reactions, and aberrant behavior, for continued opioid use. The request IS NOT medically necessary.

Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS; medication for chronic pain Page(s): 88 and 89,76-78; 60-61.

Decision rationale: The patient presents with severe pain in the neck and the lower back that radiates to the bilateral upper and lower extremities, as per progress report dated 06/04/14. The request is for NORCO 10/325 mg # 240. The pain is rated as 8/10. 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. The first prescription for Norco is noted in progress report dated 11/19/13. The patient has received the medication consistently since then. The treater does not discuss the opioid specifically. In progress report dated 06/04/14, the treater states that the medications are "prescribed to relieve chronic pain as well as increase level of function and improve quality of life." The treater states that they assess the patients regularly. However, the reports do not reflect a change in pain scale or an improvement in function with the use of opioid. The treater also states that the patient is routinely monitored using urine drug screen and CURES reviews, and has a opioid treatment contract in place. However, none of these reports are available for review and their results are not known. The treater does not discuss side effects as well. The MTUS guidelines require specific discussion about the four As, including analgesia, specific ADL's, adverse reactions, and aberrant behavior, for continued opioid use. The request IS NOT medically necessary.