

Case Number:	CM15-0008334		
Date Assigned:	01/26/2015	Date of Injury:	04/01/2011
Decision Date:	03/17/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/14/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 38 year old right hand dominant female, who sustained a work/ industrial injury as a dispatcher on 4/1/11. Job duties involved repetitive tasks to the upper extremities. She had reported symptoms of constant pain in the cervical spine, aggravated by repetitive motions of the neck pushing, pulling, lifting, forward reaching and working at above the shoulder level. The left elbow had constant pain that was aggravated by the same activities as well as torquing activities. The pain was rated 5/10. Findings included tenderness with palpation of the posterior cervical musculature bilaterally, increased rigidity in the cervical spine, palpable trigger points throughout the cervical paraspinal muscles, decreased range of motion of the cervical spine and weakness of the right elbow and right wrist extensors. The diagnoses were to included cervicgia and cubital tunnel syndrome. Treatment to date has included C5-6 anterior decompression and fusion, medications, physical therapy, acupuncture, and chiropractic. Magnetic Resonance Imaging (MRI) performed on 8/13/14 of the left elbow reported effusion, 2 mm ossicle to the coronoid process of the ulna, representing a flake fracture of indeterminate age. MR I of the cervical spine on 3/18/14 reported previous spinal fusion surgery at C5-C6 with metallic susceptibility artifact due to anterior plate screw and probably interbody disc apparatus. Integrity of hardware and the fusion process as well as the foramina and facets may be further assessed with C T scan. No posterior disc bulge or protrusion at C2-T2. Medication ordered for treatment included Anaprox, Prilosec, and MS Contin. On 12/16/14, Utilization Review non-certified Anaprox DS 550 mg #60, Prilosec 20 mg #60, and MS Contin 100 mg #90, citing

Medical treatment Utilization Schedule (MTUS), California Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS 550mg quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: Anaprox DS 550mg # 60 is not medically necessary. Per MTUS guidelines page 67, NSAIDS are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain so to prevent or lower the risk of complications associated with cardiovascular disease and gastrointestinal distress. The medical records do not document the length of time the claimant has been on Anaprox. Additionally, the claimant had previous use of NSAIDs. The medication is therefore not medically necessary.

Prilosec 20mg quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: Prilosec 20 mg # 60 is not medically necessary. CA MTUS does not make a direct statement on proton pump inhibitors (PPI) but in the section on NSAID use page 67. Long term use of PPI, or misoprostol or Cox-2 selective agents have been shown to increase the risk of Hip fractures. CA MTUS does state that NSAIDs are not recommended for long term use as well and if there possible GI effects of another line of agent should be used for example acetaminophen; therefore, the requested medication is not medically necessary.

MS contin 100mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: MS Contin 100mg # 90 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall

improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore the requested medication is not medically necessary.