

Case Number:	CM15-0142178		
Date Assigned:	08/03/2015	Date of Injury:	01/08/2013
Decision Date:	09/30/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/22/2015

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: California, District of Columbia, Maryland
 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 66 year old female, with a reported date of injury of 01-08-2014. The mechanism of injury was continuous and repetitive stress and strain. In 01-2014, she was rushed to the emergency room due to a migraine headache. The injured worker's symptoms at the time of the injury included a migraine headache. The diagnoses include cervical spine sprain and strain, cervical myoligamentous injury with right upper extremity radicular symptoms, right shoulder internal derangement, right shoulder full-thickness rotator cuff tear, left shoulder sprain and strain, bilateral wrist carpal tunnel syndrome, left wrist internal derangement, lumbosacral spine chronic sprain and strain, lumbar myoligamentous injury with right lower extremity radicular symptoms, medication-induced gastritis, and migraine headache. Treatments and evaluation to date have included a series of two lumbar epidural steroid injections, trigger point injections to her neck and lower back, physical therapy, acupuncture, and oral medications. The diagnostic studies to date have included electrodiagnostic studies of the bilateral upper extremity on 03-23-2015 which showed bilateral motor and sensory median nerve carpal tunnel at the wrist, normal for cervical radiculopathy, and no generalized entrapment disease or neuropathy; electrodiagnostic studies of the bilateral lower extremities on 03-23-2015; and a urine drug screen dated 12-02-2014. According to medical report dated 04-01-2015, the injured worker had electrodiagnostic studies of the upper and lower extremities on 03-23-2015 which showed bilateral carpal tunnel at the wrists and left L5 lumbar radiculopathy pattern; an MRI of the right shoulder on 03-25-2015 which showed a full-thickness tear of the rotator cuff and acromioclavicular joint arthropathy; and an MRI of the lumbar spine on 03-26-2015 which

showed disc bulge at T11 to T12 and L4 to L5 with mild canal stenosis and mild narrowing of the caudal margin of the neural foramen bilaterally, broad-based central disc herniation at L5 to S1 with mild canal stenosis, moderate narrowing of the caudal margin of the bilateral neural foramen, bilateral facet arthropathy, and an annular tear. The follow-up pain management consultation dated 06/02/2015 indicates that after a series of lumbar epidural steroid injections, the injured worker reported improved mobility in the lower back and the ability to perform simple chores around the house as well as exercise with less discomfort. She continued to have neck pain with associated cervicogenic headaches and pain radiating down to her right upper extremity. The injured worker rated her neck pain 4 out of 10 on the day of the visit. An MRI of the cervical spine showed disc protrusion at C3 to C4, C4 to C5, C5 to C6, and C6 to C7. The injured worker also complained of pain in both shoulders. The objective findings included mild to moderate distress, tenderness to palpation of the bilateral posterior cervical musculature with increased muscle rigidity; numerous trigger point that were palpable and tender along the cervical paraspinal muscles; decreased range of motion with obvious muscle guarding; positive right Spurling's sign; tenderness along the volar aspect of the left wrist; decreased cervical spine range of motion; decreased sensation along the lateral arm and forearm; tenderness to palpation of the right shoulder; decreased right shoulder range of motion; tenderness to palpation of the bilateral posterior lumbar musculature with increased muscle rigidity; numerous trigger points that were palpable and tender throughout the lumbar paraspinal muscles; decreased range of motion of the lumbar spine with obvious muscle guarding; and positive right straight leg raise test. The treatment plan included the refilling of Anaprox, Imitrex, and Prilosec. The treating physician requested Prilosec 200mg #60, Imitrex 100mg #9, and Anaprox DS 550mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Prilosec 20mg #60: Upheld

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): 68.

Decision rationale: In the treatment of dyspepsia secondary to NSAID therapy, the MTUS recommends stopping the NSAID, switching to a different NSAID, or considering the use of an H2-receptor antagonist or a PPI. The MTUS Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors in conjunction with NSAIDs in situations in which the patient is at risk for gastrointestinal events including: (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). CPMTG guidelines further specify: "Recommendations: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high

risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk is high the suggestion is for a low-dose Cox-2 plus low dose Aspirin (for cardioprotection) and a PPI. If cardiovascular risk is greater than GI risk the suggestion is naproxyn plus low-dose aspirin plus a PPI. (Laine, 2006) (Scholmerich, 2006) (Nielsen, 2006) (Chan, 2004) (Gold, 2007) (Laine, 2007)" The documentation submitted for review indicates that the injured worker has a history of gastric ulcer and medication induced gastritis. However, as NSAID therapy is not medically necessary, the request is not medically necessary.

Retrospective request for Imitrex 100mg #9: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head - Online version - Triptans.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Triptans.

Decision rationale: The MTUS is silent on the use of Imitrex. With regard to the use of triptans, the ODG states: "Recommended for migraine sufferers. At marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients. A poor response to one triptan does not predict a poor response to other agents in that class." With regard to medication history, the medical records indicate that the injured worker has been using this medication since at least 4/2015. The documentation submitted for review indicates that the injured worker suffers from migraines. I respectfully disagree with the UR physician's denial based upon a lack of functional improvement associated with the use of this medication. The guidelines do not mandate this documentation. The request is medically necessary.

Retrospective request for 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 Page(s): 67-68.

Decision rationale: With regard to the use of NSAIDs for chronic low back pain, the MTUS CPMTG states "Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another." "Low back pain (chronic): 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. Selection should be made on a case-by-case basis based on weighing efficacy vs. side effect profile." The documentation submitted for review indicates that the injured worker has been using this medication since at least 1/2015 and that it was not providing relief. As it is only recommended for short-term symptomatic relief, the request is not medically necessary.