

Case Number:	CM15-0168253		
Date Assigned:	09/08/2015	Date of Injury:	07/02/2012
Decision Date:	10/30/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/26/2015

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: New York, California

Certification(s)/Specialty: Emergency Medicine

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 47 year old male, who sustained an industrial injury on 7-2-12. Initial complaints were his neck, left shoulder and left arm as well as lower back. The injured worker was diagnosed as having cervical sprain; thoracic sprain-strain; left shoulder sprain-strain; left shoulder tenosynovitis; cervical disc protrusion; cervical radiculopathy; thoracic muscle spasm; lumbar muscle spasm; lumbar radiculopathy left lateral epicondylitis; right knee lateral meniscus tear; left knee sprain; sleep disturbance; anxiety; depression; irritability; nervousness; psych component; psych diagnoses. Treatment to date has included physical therapy; acupuncture; aquatic therapy; medications. Diagnostics studies included MRI lumbar spine (4-28-15); MRI cervical spine (4-24-15); EMG-NCV study of upper and lower extremities (4-23-15). Currently, the PR-2 notes dated 7-9-15 indicated the injured worker complains of constant moderate to intensity of 7 out of 10 neck pain, stiffness, heaviness, tingling and weakness radiating to bilateral shoulders with tingling and weakness aggravated by movement. He also complains of constant moderate upper-mid back pain with stiffness, heaviness, numbness, weakness and cramping aggravated by movement and rated at 7 out of 10 on the pain scale. He complains of left shoulder pain that is constant with pain stiffness, heaviness, and numbness and tingling and weakness radiating to the neck rated in intensity at 7 out of 10. He complains of frequent moderate stabbing pain in the left hip associated with stiffness and numbness rated in intensity of 6 out of 10. All the pain in these areas is relieved with medications. Objective findings are negative for bruising, swelling, atrophy, of lesions for the cervical, thoracic spine, left shoulder or left hip. The provider documents the urinalysis performed on 7-9-15 was determined to be

medically necessary to obtain baseline results for future compliance to prescribed medications. The PR-2 dated 6-8-15 notes the same complaints along with some other areas, but all are relieved by medications. The provider's treatment plan reviews that all doctor and therapy appointments require transportation services. He was awaiting an orthopedic report from the specialist completed on 4-2-15 as well as an orthopedic follow-up on 6-30-15. He notes a referral to a provider for medications and an additional 12 sessions of aquatic therapy to increase range of motion and decrease pain. The injured worker has completed 22 acupuncture sessions as of the date of this note. There is a podiatry consult and evaluation for custom functional orthotics related to the industrial injury of the lumbar, knees and to correct altered biomechanics. A MRI of the lumbar spine dated 4-28-15 impression reveals multilevel mild degenerative disc disease present. A cervical spine MRI dated 4-24-15 reveals moderate left and mild right-sided foraminal narrowing is shown at C3-4 and C4-5 due to lateralizing spondylosis and opposing facet arthropathy. There is mild bilateral foraminal narrowing at C5-6. An EMG-NCV study of the bilateral upper and lower extremities dated 4-23-15 with abnormal findings. The injured worker has no surgical interventions performed. The report was submitted in the medical records. The documentation submitted does not identify how long the injured worker has taken the medications that he reports relieves his pain. A Request for Authorization is dated 9-8-15. The Utilization Review letter is dated 8-3-15 and non-certification was for Anaprox 1 tab, twice a day #60; Prilosec 1 tab twice a day, #60; Flexeril 10mg 1 tab, #30 and Ultracet 1 tab twice a day #60 was modified to a quantity of 30 tablets instead of the requested #60 for weaning purposes. The provider is requesting authorization of Anaprox 1 tab, twice a day #60; Prilosec 1 tab twice a day, #60; Flexeril 10mg 1 tab, #30 and Ultracet 1 tab twice a day #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 1 tab, twice a day #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

Decision rationale: According to CA MTUS chronic pain guidelines, Naproxen is a nonsteroidal anti-inflammatory drug that is used for the treatment of osteoarthritis. Further stated, non-steroidal anti-inflammatory agents are "recommended as an option for short term symptomatic relief" for the treatment of chronic low back pain. It is recommended that the lowest dose be utilized for a minimal duration of time. The documentation does not document a diagnosis of osteoarthritis. Improvement of symptoms specifically to the use of NSAIDs currently prescribed is not documented. The IW has been taking this medication for a minimum of 6 months. Without the support of the documentation and the guidelines, the request is not medically necessary.

Prilosec 1 tab twice a day, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Prilosec is a gastro-intestinal protectant agent. According to CA MTUS, gastrointestinal protectant agents are recommended for patients that are at increased risk for gastrointestinal events. These risks include age >65, history or gastrointestinal bleeding or peptic ulcers, concomitant use of NSAIDs and corticosteroids or aspirin, or high dose NSAID use. The chart does not document any of these risk factors. Past medical history does not include any gastrointestinal disorders, there is no history of poor tolerance to NSAIDs documented and there are not abdominal examinations noted in the chart. Prilosec is not medically necessary based on the CAMTUS.

Flexeril 10mg 1 tab, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: According to CA MTUS, cyclobenzaprine is recommended as an option for short course of therapy. Effect is noted to be modest and is greatest in the first 4 days of treatment. The IW has been receiving this prescription for a minimum of 6 months according to submitted records. This greatly exceeds the recommended timeframe of treatment. In addition, the request does not include dosing frequency or duration. The IW's response to this medication is not discussed in the documentation. The request is not medically necessary.

Ultracet 1 tab twice a day #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for neuropathic pain, Opioids, criteria for use, Opioids, specific drug list.

Decision rationale: Ultracet is a combination medication of acetaminophen and Tramadol, a narcotic. CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of opiate pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects". It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the

medications. Tramadol is recommended for the treatment of moderate to severe pain. It is not recommended as a first line agent for treatment. The chart materials do not include a list of all the analgesic medications currently used or the IW response to each medication. There is not discussion of the IW functional status in relation to the different medications. It is unclear how long the IW has been taking Tramadol, but it has been a minimum of 6 months. With the absence of this supporting documentation, the request for Ultracet is not medically necessary.