

<b>Case Number:</b>	CM15-0180244		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	08/09/2012
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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: Texas, Florida

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 45 year old male, who sustained an industrial injury on August 9, 2012. On August 18, 2015 the injured worker reported constant neck pain. He rated the neck pain at worst an 8 on a 10-point scale and at least a 5 on a 10-point scale. He noted that hyperextension and rotation of the cervical spine would cause some numbness in the ulnar fingers bilaterally. He reported continued ongoing pain in the left shoulder and continued back soreness. The back pain radiated into the left buttock. He had numbness in the small toes bilaterally and some diminished sensation in the small toes on the plantar aspect. The injured worker reported that he had some benefit from Anaprox which he used for the arthritic component of his pain and he continued to have some NSAID-induced gastritis which was relieved with Prilosec. He has used Anaprox with Prilosec since at least January 29, 2015. Norco was added in March 2015. It was noted that the IW returned to work without restriction in March 2015. On physical examination the injured worker had a 3-degree anterior antalgic list un-weighting the facets. He had a 2-3 degree right antalgic list un-weighting the left buttock and lower extremity. He had muscle guarding with palpation of the lumbar paraspinal muscles. His toes were strong at 5-5 and his lower extremity reflexes were adequate at the knees and trace at the bilateral ankles. He had ongoing pain with palpation in the upper thoracic spine and the right sacroiliac joint. He had pain tenderness about the left medial knee. Supine straight leg raise was tolerated to 80-90 degrees bilaterally. There was a positive Fabere-Patrick on the right indicative of sacroiliac joint involvement. He had diminished sensitivity in the small toes bilaterally. He returned to work without restriction on March 2, 2015. The evaluating physician recommended Anaprox 550 mg for inflammation, Prilosec for NSAID induced gastritis or dyspepsia, Norco for breakthrough

pain, periodic blood work analysis to monitor liver and kidney function, urine toxicology, six sessions of physical therapy to strength the neck and a PM & R physician to evaluate injections into the base of the occupant. Treatment to date has included physical therapy with no improvement, NSAIDS, pain medications and work modifications. The injured worker was diagnosed as having status post left shoulder arthroscopic surgery, ongoing concussion unresolved, cervical sprain-strain with headaches unresolved, radicular symptoms into the right and left upper extremities, myofascial pain in the cervical spine and thoracic spine, lumbar spine pain, radicular symptoms into the lower extremities, and tendinitis in both forearms. A request for authorization for Anaprox 550 mg, two month supply #120; physical therapy additional two times a week for three weeks for the neck #6; specialist referral to PM & R physician; toxicology - urine drug screen periodic blood work and drug test; and Prilosec 20 mg, two month supply #120 was received on August 24, 2015. On August 31, 2015, the Utilization Review physician determined Anaprox 550 mg, two month supply #120, physical therapy additional two times a week for three weeks for the neck #6, specialist referral to PM & R physician was not medically necessary and modified toxicology - urine drug screen periodic blood work and drug test to toxicology - urine drug screen approved but not liver and renal profile laboratory evaluations every 4 to 6 months testing and modified Prilosec 20 mg, two month supply #120 to Prilosec 20 mg #30.

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

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

**Anaprox 550mg two month supply, quantity 120:** Overturned

**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): Medications for chronic pain, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter: NSAIDs.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the development cardiovascular, renal or gastrointestinal complications. The guidelines recommend that the use of NSAIDs be limited to the lowest possible dosage for the shortest duration to reduce the incidence of NSAIDs complications. The records indicate the presence of subjective complaints of NSAIDs induced gastritis. The patient is utilizing Prilosec for the treatment of gastritis. There is documentation of effective pain relief and functional restoration with utilization of analgesics. The criteria for the use of Anaprox 550mg two months supply #120 was met. The request is medically necessary.

Physical Therapy additional two times a week for three weeks for the neck: Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute, Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs), Exercise, Functional improvement measures, Physical Medicine, Return to work. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter: Physical Therapy.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that physical therapy (PT) can be utilized for the treatment of exacerbation of musculoskeletal pain. The utilization of physical therapy can result in pain relief, improvement in range of motion and functional restoration. The guidelines recommend that patient proceed to a home exercise program after completion of a supervised physical therapy program. The records indicate that the patient have previously completed supervised physical therapy without functional improvement. There is no indication of residual physical dysfunction as the patient had already returned to work without restriction. The criteria for physical therapy additional two times a week for three weeks to the neck was not met. The request is not medically necessary.

**Specialist referral to PM & R:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7, page 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs), Exercise, Functional improvement measures, Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter: Physical Treatments and Rehabilitation.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that patients can be referred for evaluation and treatment by other specialist when the diagnosis is too complex or additional expertise is necessary to address complex conditions that cannot be management by the primary treating physician. The utilization of physical treatment can result in pain relief, improvement in range of motion and functional restoration. The guidelines recommend that patient proceed to a home exercise program after completion of a supervised physical treatment programs. The records indicate that the patient have previously completed supervised physical therapy without functional improvement. The patient also completed orthopedic surgery and post operation rehabilitation. There is no indication of residual physical dysfunction as the patient had already returned to work without restriction. The criteria for Specialist referral to PM &R was not met. The request is not medically necessary.

**Prilosec 20mg two month supply quantity 120:** Overturned

**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, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter: NSAIDs.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAIDs induced gastritis in high risk patients. The chronic use of NSAIDs can be associated with the development cardiovascular, renal or gastrointestinal complications. The guidelines recommend that the use of NSAIDs be limited to the lowest possible dosage for the shortest duration to reduce the incidence of NSAIDs complications. The records indicate the presence of subjective complaints of NSAIDs induced gastritis. The patient is utilizing Prilosec for the treatment of gastritis. There is documentation of effective pain relief and functional restoration with utilization of the NSAIDs analgesics. The criteria for the use of Prilosec 20mg two months supply #120 was met. The request is medically necessary.

**Toxicology Urine Drug Screen Periodic blood work and drug testing:** 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): Medications for chronic pain, NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects, Opioids for chronic pain, Opioids, long-term assessment, Opioids, screening for risk of addiction (tests). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter: Urine Toxicology Laboratory monitoring tests.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that urine toxicology screen be utilized at initiation of chronic opioid treatment and continued randomly up to three times a year especially in the presence of aberrant behavior. The records did not show the presence of aberrant behavior or red flag condition. There is no documentation of guidelines required compliance monitoring such as CURESS data reports. There is no documentation of previous abnormal Urine drug screen or abnormalities with the liver or renal function blood tests. The guidelines recommend that the utilization of chronic pain medications be limited to the lowest possible dose for the shortest duration to decrease the risk of adverse medication effects. The criteria for toxicology urine drug screen and periodic blood work and urine testing was not met. The request is not medically necessary.