

Case Number:	CM15-0195322		
Date Assigned:	10/09/2015	Date of Injury:	03/17/2011
Decision Date:	11/25/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/05/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 51 year old male with a date of injury of March 17, 2011. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar discogenic disease with radiculopathy of the right lower extremity, chronic lower back pain, lumbar facet arthrosis, cervical discogenic disease, cervical facet arthrosis, right shoulder tendinosis, and lumbar annular tear herniated nucleus pulposus. Medical records dated March 5, 2015 indicate that the injured worker complained of chronic neck pain, lower back pain, and right shoulder pain rated at a level of 4 out of 10 without medications and 10 out of 10 "On a bad day". Records also indicate that medications help to "Increase his level of function, walking, sitting, standing, reaching, and to continue his activities of daily living". A progress note dated July 28, 2015 documented complaints similar to those reported on March 5, 2015, with pain rated at a level of 5-6 out of 10 and 1 out of 10 with medications. Per the treating physician (July 28, 2015), the employee was permitted to perform moderate work with no lifting of more than twenty pounds. The physical exam dated March 5, 2015 reveals decreased and painful range of motion of the lumbar spine, muscle spasms, S1 radiculopathy bilaterally, tenderness to palpation over the lumbar paraspinal musculature, decreased sensation at L4-S1 bilaterally, decreased and painful range of motion of the cervical spine, positive cervical paravertebral bilaterally, tenderness of the bilateral trapezius muscles, and full range of motion of the right shoulder. The progress note dated July 28, 2015 documented a physical examination that showed no changes since the examination performed on March 5, 2015 with the exception of decreased forward flexion of the right shoulder. Treatment has included transcutaneous electrical nerve stimulator unit, home

exercise, and medications (Norco 10-325mg four times a day (increased from three times a day as of July 28, 2015); Anaprox 550mg twice daily, and Prilosec 20mg twice daily since at least January of 2015). Urine drug screen results were not documented in the submitted records. The original utilization review (September 17, 2015) non-certified a request for Prilosec 20mg #60 and Anaprox 550mg #60, and partially certified a request for Norco 10-325mg #108 (original request for #120).

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Upheld

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

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

Decision rationale: Based on the 07/28/15 progress report provided by treating physician, the patient presents with low back and neck pain. The request is for Prilosec 20MG #60. RFA dated 09/08/15 provided. Patient's diagnosis on 07/28/15 includes chronic and sore cervical neck pain, low back pain and right shoulder pain. Physical examination to the lumbar spine on 07/28/15 revealed spasm and tenderness to palpation. Range of motion was decreased and painful. Sensation decreased at L4-S1 bilaterally. Examination of the cervical spine revealed decreased and painful range of motion. Treatment to date has included TENS and medications. Patient's medications include Norco, Anaprox, Prilosec and Flexeril. The patient may do moderate work, per 07/28/15 report. MTUS guidelines, NSAIDs, GI symptoms & cardiovascular risk section, pages 68-69 states that "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." Prilosec and Anaprox have been included in patient's medications per progress reports dated 01/22/15, 03/05/15 and 07/28/15. It is not known when Prilosec was initiated. Per 07/28/15 report, patient's pain is rated 5-6/10 with and 10/10 without medications. Treater states "medications help [the patient] to increase his level of function and to perform his daily activities, which include walking, sitting, standing and reaching." Prophylactic use of PPI is indicated by MTUS, and the patient is on NSAID therapy. However, treater has not provided GI risk assessment for prophylactic use of PPI, as required by MTUS. Provided progress reports do not show evidence of gastric problems, and there is no mention of GI issues. Furthermore, MTUS requires a record of pain and function when medications are used for chronic pain and physician monitoring. This request is not in accordance with guideline indications. Therefore, the request IS NOT medically necessary.

Anaprox 550mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: Based on the 07/28/15 progress report provided by treating physician, the patient presents with low back and neck pain. The request is for Anaprox 550MG #60. RFA dated 09/08/15 provided. Patient's diagnosis on 07/28/15 includes chronic and sore cervical neck pain, low back pain and right shoulder pain. Physical examination to the lumbar spine on 07/28/15 revealed spasm and tenderness to palpation. Range of motion was decreased and painful. Sensation decreased at L4-S1 bilaterally. Examination of the cervical spine revealed decreased and painful range of motion. Treatment to date has included TENS and medications. Patient's medications include Norco, Anaprox, Prilosec and Flexeril. The patient may do moderate work, per 07/28/15 report. MTUS Guidelines on anti-inflammatory page 22 states, "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." Anaprox has been included in patient's medications per progress reports dated 01/22/15, 03/05/15 and 07/28/15. It is not known when this medication was initiated. Per 07/28/15 report, patient's pain is rated 5-6/10 with and 10/10 without medications. Treater states "medications help [the patient] to increase his level of function and to perform his daily activities, which include walking, sitting, standing and reaching." In this case, the patient continues with pain and treater has documented benefit from this medication. The request for Anaprox appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Based on the 07/28/15 progress report provided by treating physician, the patient presents with low back and neck pain. The request is for Norco 10/325MG #120. RFA dated 09/08/15 provided. Patient's diagnosis on 07/28/15 includes chronic and sore cervical neck pain, low back pain and right shoulder pain. Physical examination to the lumbar spine on 07/28/15 revealed spasm and tenderness to palpation. Range of motion was decreased and painful. Sensation decreased at L4-S1 bilaterally. Examination of the cervical spine revealed decreased and painful range of motion. Treatment to date has included TENS and medications. Patient's medications include Norco, Anaprox, Prilosec and Flexeril. The patient may do moderate work, per 07/28/15 report. MTUS, Criteria for Use of Opioids Section, 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, Criteria For Use Of Opioids Section, 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. MTUS, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications For Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Norco has been included in patient's medications per progress reports dated 01/22/15, 03/05/15 and 07/28/15. It is not known when this medication was initiated. Per 07/28/15 report, patient's pain is rated 5-6/10 with and 10/10 without medications. Treater states "medications help [the patient] to increase his level of function and to perform his daily activities, which include walking, sitting, standing and reaching." In this case, treater has discussed analgesia with pain scales and provided some examples of ADL's to show functional improvement, in addressing the 4A's. However, there are no specific discussions regarding aberrant behavior, adverse reactions, etc. No UDS's, opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4As. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.