MAXIMUS Federal Services

Case Number:	CM15-0208309		
Date Assigned:	10/27/2015	Date of Injury:	06/03/2014
Decision Date:	12/08/2015	UR Denial Date:	09/26/2015
Priority:	Standard	Application Received:	10/22/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 male, who sustained an industrial-work injury on 6-3-14. A review of the medical records indicates that the injured worker is undergoing treatment for cervical strain and sprain, lumbar sprain and strain, right knee strain and sprain, and right wrist strain and sprain. Treatment to date has included pain medication, Flurbiprofen cream, (Naproxen and Prilosec since at least 3-11-15), chiropractic with relief, diagnostics, and other modalities. The X-Ray of the cervical spine dated 2-19-15 reveals degenerative anterior endplate osteophytes off the endplates of C5 and C6 and opacities anterior to disc level C4-5 that may reflect ligamentous calcifications. The treating physician indicates that the injured worker is compliant with medications prescribed. Medical records dated 9-8-15 indicate that the injured worker complains of cervical spine pain that is dull and radiates to the upper extremities with no changes since the previous exam. The injured worker reports sleep disturbance due to pain and gastrointestinal upset with medications such as abdominal pain and gastritis. Per the treating physician report dated 9-8-15 the work status is modified duty. The physical exam dated 9-8-15 reveals that there is bilateral occipital tenderness noted, right cervical tenderness and right cervical spasm noted. The physician indicates that there is no prior cervical Magnetic Resonance Imaging (MRI) and he will request it. The request for authorization date was 9-16-15 and requested services included Single positional MRI (magnetic resonance imaging), cervical spine, Naproxen 550 mg Qty 60 and Prilosec 20 mg Qty 30. The original Utilization review dated 9-26- 15 non-certified the request for Single positional MRI (magnetic resonance imaging), cervical spine, Naproxen 550 mg Qty 60 and Prilosec 20 mg Qty 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Single positional MRI (magnetic resonance imaging), cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back (Acute & Chronic) - MRI (magnetic resonance imaging).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Magnetic resonance imaging.

Decision rationale: The claimant sustained a cumulative trauma work injury with date of injury in June 2014 while working as a [redacted]. An x-ray of the cervical spine in February 2015 showed findings of C5/6 spondylosis. When seen in September 2015 he had non-radiating low back pain and cervical spine pain which was dull and radiating rated at 6-8/10. He was having right knee pain up to 8-9/10 with locking and giving way. The assessment references sleep disturbance and gastrointestinal upset with medications. Physical examination findings were that of mild suboccipital tenderness. An MRI scan of the right knee and cervical spine was requested with the rationale given as continued pain. Naproxen and Prilosec were refilled. Applicable criteria for obtaining an MRI of the cervical spine would include a history of trauma with neurological deficit and when there are red flags such as suspicion of cancer or infection or when there is radiculopathy with severe or progressive neurologic deficit. In this case, there is no identified new injury. There are no identified red flags or radiculopathy with severe or progressive neurologic deficit that would support the need for obtaining an MRI scan which therefore is not considered medically necessary.

Naproxen 550 mg Qty 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steriodal anti-inflammatory drugs).

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

Decision rationale: The claimant sustained a cumulative trauma work injury with date of injury in June 2014 while working as a [redacted]. An x-ray of the cervical spine in February 2015 showed findings of C5/6 spondylosis. When seen in September 2015 he had non-radiating low back pain and cervical spine pain which was dull and radiating rated at 6-8/10. He was having right knee pain up to 8-9/10 with locking and giving way. The assessment references sleep disturbance and gastrointestinal upset with medications. Physical examination findings were that of mild suboccipital tenderness. An MRI scan of the right knee and cervical spine was requested with the rationale given as continued pain. Naproxen and Prilosec were refilled.Oral NSAIDS (non-

steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Dosing of naproxen is 275-550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the claimant has chronic persistent pain and the requested dosing is within guideline recommendations and medically necessary.

Prilosec 20 mg Qty 30: Overturned

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: The claimant sustained a cumulative trauma work injury with date of injury in June 2014 while working as a [redacted]. An x-ray of the cervical spine in February 2015 showed findings of C5/6 spondylosis. When seen in September 2015 he had non-radiating low back pain and cervical spine pain which was dull and radiating rated at 6-8/10. He was having right knee pain up to 8-9/10 with locking and giving way. The assessment references sleep disturbance and gastrointestinal upset with medications. Physical examination findings were that of mild suboccipital tenderness. An MRI scan of the right knee and cervical spine was requested with the rationale given as continued pain. Naproxen and Prilosec were refilled. Guidelines recommend consideration of a proton pump inhibitor for the treatment of dyspepsia secondary to NSAID therapy. In this case, the claimant continues to take naproxen at the recommended dose and has a history of gastrointestinal upset due to medications. Prilosec (Omeprazole) was medically necessary.