

Case Number:	CM15-0209326		
Date Assigned:	10/28/2015	Date of Injury:	09/02/2014
Decision Date:	12/09/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/23/2015

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 26 year old male, who sustained an industrial injury on 9-02-2014. The injured worker was being treated for chronic myofascial sprain-strain of the cervical-thoracic-lumbosacral spine, degenerative disc of the cervical and lumbosacral spine, and cervical and lumbar radiculopathy. Treatment to date has included diagnostics, trigger point injections, and medications. On 9-10-2015, the injured worker complains of pain in his neck and low back, radiating to both upper and lower extremities. He reported work status as total temporary disability. Pain was rated 8 out of 10, 4-7 with medication (depending on activities) and 9-10 without (pain rating on 8-25-2015 was 8 with medication and 10 without). Function with activities of daily living was not described. He reported bowel and bladder incontinence for the past 6-8 weeks. He reported taking Celebrex, Ultram, Prilosec, and Ibuprofen 800mg three times daily. He also was using medicinal marijuana but stated that he would stop using it. He also reported an upset stomach and constipation. Objective findings related to the cervical spine noted decreased lordosis, tenderness to palpation in the cervical spine and paraspinal muscle, with stiffness and spasm, and painful range of motion. Exam of the thoracolumbar-lumbar spine noted tenderness in the thoracic and lumbosacral spine and paraspinal muscle, with stiffness and spasm, painful and restricted range of motion, and positive straight leg raising bilaterally. Radicular pain was noted in the C5-C6, L4-L5, and L5-S1 distributions. The use of Prilosec was noted since at least 7-2015 ("protection of GI symptoms"). The duration of Ibuprofen use could not be determined (not referenced in prior progress notes dated 8-25-2015 or 7-28-2015). Senna was prescribed for constipation. On 9-23-2015 utilization Review non-certified a request for Ibuprofen 800mg #100 with 2 refills, Prilosec 20mg #60 with 3 refills, and Senna S #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #100 with 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: The claimant sustained a work injury in September 2014 when he was lifting very heavy display and had low back, mid back, and neck pain. When seen, he was having radiating neck and radiating back pain. Medications were decreasing pain from 9/10 to 4-7/10. He had been taking Celebrex, Ultram, and Prilosec but was taking ibuprofen over the past month and was having stomach upset and constipation. He was also using medical marijuana. He had been approved for an epidural injection. Physical examination findings included a decreased cervical lordosis. There was cervical and lumbar spine and paraspinal muscle tenderness with stiffness and spasm and decreased and painful range of motion. Straight leg raising was to 60 bilaterally. Ibuprofen, Prilosec, and Senna-S were prescribed. Oral NSAIDS (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Recommended dosing of ibuprofen ranges from 1200 mg per day and should not exceed 3200 mg/day. In this case, the claimant has chronic persistent pain and the requested dosing is within guideline recommendations. Medications are providing decreased pain. Ongoing prescribing is medically necessary.

Prilosec 20mg 360 with 2 refills: 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 work injury in September 2014 when he was lifting very heavy display and had low back, mid back, and neck pain. When seen, he was having radiating neck and radiating back pain. Medications were decreasing pain from 9/10 to 4-7/10. He had been taking Celebrex, Ultram, and Prilosec but was taking ibuprofen over the past month and was having stomach upset and constipation. He was also using medical marijuana. He had been approved for an epidural injection. Physical examination findings included a decreased cervical lordosis. There was cervical and lumbar spine and paraspinal muscle tenderness with stiffness and spasm and decreased and painful range of motion. Straight leg raising was to 60

bilaterally. Ibuprofen, Prilosec, and Senna-S were prescribed. Guidelines recommend consideration of a proton pump inhibitor for the treatment of dyspepsia secondary to NSAID therapy. In this case, the claimant is being prescribed ibuprofen at the recommended dose and has a history of gastrointestinal upset. Celebrex had been prescribed previously but is not being requested. Prilosec (omeprazole) is medically necessary.

Senna S #60 with 2 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioid-induced constipation treatment.

Decision rationale: The claimant sustained a work injury in September 2014 when he was lifting very heavy display and had low back, mid back, and neck pain. When seen, he was having radiating neck and radiating back pain. Medications were decreasing pain from 9/10 to 4-7/10. He had been taking Celebrex, Ultram, and Prilosec but was taking ibuprofen over the past month and was having stomach upset and constipation. He was also using medical marijuana. He had been approved for an epidural injection. Physical examination findings included a decreased cervical lordosis. There was cervical and lumbar spine and paraspinal muscle tenderness with stiffness and spasm and decreased and painful range of motion. Straight leg raising was to 60 bilaterally. Ibuprofen, Prilosec, and Senna-S were prescribed. Guidelines recommend treatment due to opioid-induced constipation which is a common adverse effect of long-term opioid use and can be severe. Most patients are initially treated with lifestyle modifications, such as increased fluid intake, and increased dietary fiber intake. Additional fiber intake in the form of polycarbophil, methylcellulose, or psyllium may improve symptoms. The next step in the treatment of constipation is the use of an osmotic laxative, such as polyethylene glycol, followed by a stool softener, such as docusate sodium, and then stimulant laxatives such as Senna-S. In this case, the claimant has not failed the recommended initial treatments for opioid induced constipation and, although Ultram is referenced, it is not being requested. Prescribing Senna-S is not medically necessary.