

Case Number:	CM15-0023133		
Date Assigned:	02/12/2015	Date of Injury:	02/27/2003
Decision Date:	04/07/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	02/06/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 65 year old male, who sustained an industrial injury on 2/27/03. He has reported neck pain. The diagnoses have included lumbar degenerative disc disease with facet joint syndrome; status post left L5-S1 laminectomy discectomy in 2008, cervical myoligamentous injury with associated cervicogenic headaches and myofascial pain syndrome with facet joint syndrome, reactionary depression/anxiety and bilateral carpal tunnel syndrome. Treatment to date has included cervical facet injection, trigger point injections, oral medications and acupuncture. (EMG) Electromyogram studies performed on 6/17/14 revealed bilateral carpal tunnel syndrome and mild bilateral ulnar entrapment in both elbows with no evidence for cervical radiculopathy. Currently, the injured worker complains of neck pain associated with cervicogenic headaches and pain in lower back with radiation to bilateral lower extremities. It is noted on 11/19/14 he continues to rely on Norco and Anaprox and complains of muscle spasms especially at night. Tenderness is noted on palpation bilaterally with numerous trigger points which is palpable and tender throughout the cervical paraspinal muscles, upper trapezius and sub occipital regions bilaterally. He has decreased of motion of cervical area. On 1/7/15 Utilization Review non-certified Anaprox DS 550mg #60, noting no functional benefit from prior use; Prilosec 20mg #60, noting the NSAID was not certified, no justification for this medication; Norco 10/325mg 2-4 daily, noting the lack of documentation of objective functional benefit; Neurontin 300mg #90 noting no evidence of objective functional benefit resulting from use and Doral 15mg at bedtime #3, noting the lack of documentation of trialed and failed first line therapy. The MTUS, ACOEM Guidelines and ODG were cited. On 2/6/15, the injured worker

submitted an application for IMR for review of Anaprox DS 550mg #60, Prilosec 20mg #60; Norco 10/325mg 204 daily; Neurontin 300mg #90 and Doral 15mg at bedtime #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS 550mg BID PRN #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: This 65 year old male has complained of lower back pain and neck pain since date of injury 2/27/03. He has been treated with facet injections, trigger point injections, lumbar spine surgery, acupuncture and medications to include NSAIDS since at least 07/2014. The current request is for Anaprox. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS for at least 6 months duration. There is no documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. On the basis of this lack of documentation, Anaprox is not indicated as medically necessary in this patient.

Prilosec 20mg PRN #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 67-68.

Decision rationale: This 65 year old male has complained of lower back pain and neck pain since date of injury 2/27/03. He has been treated with facet injections, trigger point injections, lumbar spine surgery, acupuncture and medications. The current request is for Prilosec. No treating physician reports adequately describe the relevant signs and symptoms of possible GI disease. No reports describe the specific risk factors for GI disease in this patient. In the MTUS citation listed above, chronic use of PPI's can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficile colitis. Based on the MTUS guidelines cited above and the lack of medical documentation, Prilosec is not indicated as medically necessary in this patient.

Norco 10/325mg 2-4 tablets daily: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 65 year old male has complained of lower back pain and neck pain since date of injury 2/27/03. He has been treated with facet injections, trigger point injections, lumbar spine surgery, acupuncture and medications to include opioids since at least 07/2014. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco 10/325 is not indicated as medically necessary.

Neurontin 300mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin Page(s): 49.

Decision rationale: This 65 year old male has complained of lower back pain and neck pain since date of injury 2/27/03. He has been treated with facet injections, trigger point injections, lumbar spine surgery, acupuncture and medications to include Neurontin since at least 10/2014. The current request is for Neurontin. Per the MTUS guideline cited above, Neurontin is a first line agent used for the treatment of neuropathic pain, effective for the treatment of post herpetic neuralgia and diabetic neuropathy. There is no documentation in the available medical records which supports the presence of any of these diagnoses. On the basis of the MTUS guidelines cited above and the available medical documentation, Neurontin is not indicated as medically necessary.

Doral 15mg at bedtime #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/doral.

Decision rationale: This 65 year old male has complained of lower back pain and neck pain since date of injury 2/27/03. He has been treated with facet injections, trigger point injections, lumbar spine surgery, acupuncture and medications. The current request is for Doral. Per the reference cited above, Doral is a benzodiazepine medication used for the treatment of insomnia. There is inadequate documentation in the available medical records regarding insomnia as a

medical problem. On the basis of this lack of documentation, Doral is not indicated as medically necessary.