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| Case Number: | CM15-0046041 | | |
| Date Assigned: | 03/18/2015 | Date of Injury: | 01/01/1999 |
| Decision Date: | 04/24/2015 | UR Denial Date: | 02/27/2015 |
| Priority: | Standard | Application Received: | 03/11/2015 |

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:

The injured worker is a 63-year-old male, who sustained an industrial injury on 1/1/99. He has reported neck and back injury. The mechanism of injury was not documented. The diagnoses have included chronic pain syndrome, post laminectomy syndrome of cervical spine and lumbar region, disorder of bursa and tendons in shoulder region, abnormal gait, muscle weakness, stiffness of joint shoulder region and stiffness of joint unspecified site. Treatment to date has included medications, lumbar brace, diagnostics, surgery, and Home Exercise Program (HEP). Currently, as per the physician progress note dated 12/22/14, the injured worker complains of severe, constant left shoulder pain which is like a toothache all the time. The low back pain is also increasing and he complains of headaches from cervical spine to temples. The pain is controlled with use of medications but it still persists. He takes Melatonin, which helps him, sleep and he is also interested in tapering the Methadone. The urine drug screen dated 10/21/14 was consistent with medications prescribed. The current medications included Zanaflex, Methadone, and Tizanidine. The physical exam revealed slow gait, small cadence and more rigidity. There was decreased range of motion to the cervical spine. There was trigger point to the trapezius shoulder elevation was 90 degrees, there was decreased range of motion left shoulder and positive Tinel's test. The lumbar range of motion was decreased and straight leg raise caused low back pain and there were tight hamstrings and hips noted. The Treatment Plan included methadone to continue with tapering, continue Tizanidine but decrease, and follow up in 2 months. The requested treatments included Ibuprofen 600mg, #100 and Prilosec 20mg, #100.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600mg, #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

Decision rationale: The 63-year-old patient complains of increasing low back pain, headache from top of cervical spine and left temple area, left shoulder pain, and sleep disturbances, as per progress report dated 12/22/14. The request is for IBUPROFEN 600 mg, # 100. There is not an RFA for this case, and the patient's date of injury is 01/01/99. The patient is status post cervical fusion and status post lumbar laminectomy and 2 disc displacements, as per progress report dated 12/22/14. Diagnoses included chronic pain syndrome, postlaminectomy syndrome of cervical and lumbar region, disorders of bursae and tendons in shoulder region, abnormal gait, muscle weakness, stiffness of joints, and insomnia. Medications included Zanaflex, Methadone, and Tizanidine. The patient is medically retired, as per the same progress report. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, none of the progress reports document the use of Ibuprofen or any other NSAID. It is not clear when the medication was prescribed for the first time. The treating physician does not discuss the efficacy of Ibuprofen in terms of objective reduction in pain and improvement in function, as required by MTUS page 60. Hence, this request IS NOT medically necessary.

Prilosec 20mg, #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs against both GI and cardiovascular risk Page(s): 69.

Decision rationale: The 63-year-old patient complains of increasing low back pain, headache from top of cervical spine and left temple area, left shoulder pain, and sleep disturbances, as per progress report dated 12/22/14. The request is for PRILOSEC 20 mg, # 100. There is not RFA for this case, and the patient's date of injury is 01/01/99. The patient is status post cervical fusion and status post lumbar laminectomy and 2 disc displacements with post laminectomy syndrome, as per progress report dated 12/22/14. Diagnoses included chronic pain syndrome, postlaminectomy syndrome of cervical and lumbar region, disorders of bursae and tendons in shoulder region, abnormal gait, muscle weakness, stiffness of joints, and insomnia. Medications included Zanaflex, Methadone, and Tizanidine. The patient is medically retired, as per the same

progress report. MTUS pg 69 states, "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." In this case, none of the progress reports documents the use of Prilosec or NSAIDs. There is no indication of medication-induced gastritis. The treating physician does not provide the patient's GI risk assessment as well. Hence, the request for Prilosec IS NOT medically necessary.