

Case Number:	CM15-0067032		
Date Assigned:	04/14/2015	Date of Injury:	06/21/2004
Decision Date:	07/07/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/08/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 67 year old male, who sustained an industrial/work injury on 6/21/04. He reported initial complaints of head, neck and back pain. The injured worker was diagnosed as having closed head injury, neck sprain, back sprain to include degenerative disc disease and cervical radiculitis. Treatment to date has included medication, physical therapy, acupuncture, diagnostics, and psychological evaluation. MRI results were reported on 12/26/06, 3/2/12, and 5/8/14. Currently, the injured worker complains of chronic low back and neck pain. Per the primary physician's progress report (PR-2) on 3/30/15, there was tenderness over the cervical paraspinals and limited range of motion in all areas. There was tenderness over the lumbar paraspinals with slightly limited flexion and extension in the lumbar spine. Straight leg raise was negative, bilaterally. Numbness in the arms was relieved by therapy and medication. The requested treatments include Effexor XR, Prilosec, Anaprox, Norco, and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Effexor XR 37.5 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Effexor Page(s): 124.

Decision rationale: Guidelines recommend Effexor for first line treatment of neuropathic pain as well depression and anxiety. In this case, the patient has been prescribed Effexor since 6/1/14 and has a follow up appointment in 4 weeks at which time the patient can be reassessed to determine if Effexor should be continued. The request for Effexor 37.5 mg #60 is not medically appropriate and necessary.

Prilosec 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 74-96.

Decision rationale: Guidelines state that PPIs may be recommended for patients at risk for gi events who are using aspirin, corticosteroids, or high dose NSAIDs. In this case, the patient is not at high risk for gi events and NSAIDs are not currently indicated for this patient. The request for Prilosec 20 mg #60 is not medically appropriate and necessary.

Anaprox 550 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

Decision rationale: Guidelines state that Anaprox is a NSAID used to treat osteoarthritis but should be used at the lowest dose for the shortest duration of time. In this case, there is no documentation that the patient has osteoarthritis and there are no documented treatment goals. The request for Anaprox 550 mg #60 is not medically appropriate and necessary.

Norco 5/325 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Guidelines support short term use of opiates for moderate to severe pain after first line medications have failed. Long term use may be appropriate if there is functional

improvement and stabilization of pain without evidence of non-compliant behavior. In this case, the patient has been taking Norco since 8/2/13 without evidence of significant benefit in pain or function to support long term use. The request for Norco 5/325 mg #60 is not medically appropriate and necessary.

Flexeril 7.5 mg #50: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63, 64.

Decision rationale: Guidelines recommend muscle relaxants as a second line option for short term treatment of acute exacerbations of pain, but they do not show any benefit beyond NSAIDs. In this case, the patient has been prescribed Flexeril since 8/2/13 which exceeds guidelines recommendations of 2-3 weeks. The request for Flexeril 7.5 mg #50 is not medically appropriate and necessary.