

<b>Case Number:</b>	CM14-0117197		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	10/29/2009
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records, presented for review, indicate that this 50-year old female was reportedly injured on October 29, 2009. The mechanism of injury was noted as involvement in an altercation type event. The progress note, dated May 9 2014, indicated some improvement relative to sleep with the use of medical foods. There were ongoing complaints of neck pain. Depression was being addressed by the psychiatrist. Possible surgical intervention to the cervical spine was reported. The physical examination demonstrated a normotensive individual in no acute distress, tenderness to palpation in the posterior aspect of the cervical spine with multiple trigger points noted, and decrease in cervical spine range of motion was reported. Diagnostic imaging studies objectified osteophyte formation throughout the cervical spine, a possible disc lesion at C5 to C6, with foraminal narrowing. Previous treatment included medications, injections, physical therapy and conservative interventions. A request was made for multiple medications and was not certified in the preauthorization process on July 17, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox DS 500 Mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS; (Effective July 18, 2009) Page(s): 66, 73.

**Decision rationale:** As outlined in the Medical Treatment Utilization Schedule (MTUS), this medication is recommended as an option to treat the signs and symptoms of osteoarthritis. However, when noting the date of injury, the current clinical assessment and the findings noted on physical examination, there is no clinical indication presented that this medication has achieved its intended goal or demonstrated any efficacy or utility whatsoever. Given that multiple injection therapies are required, the osteophyte of the facet joints is not being addressed for this medication. Accordingly, the Anaprox DS 500 Mg #180 is not medically necessary.

**Prilosec 20Mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs- GI Symptoms Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68.

**Decision rationale:** This medication is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease and can be considered a gastric protectant for those individuals utilizing nonsteroidal medications. However, the multiple progress notes do not indicate any complaints of gastrointestinal (GI) distress, gastritis or any other findings relative to the GI tract. Furthermore, there are no physical examination findings to suggest there are any compromises. As such, when noting that the nonsteroidal medication is not clinically indicated and there are no complaints, the Prilosec 20Mg #60 is not medically necessary.

**Promolaxin 100 Mg #240:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 77.

**Decision rationale:** However, in the literature search notes, this is a over the counter preparation used to treat occasional constipation. The issue here is that there are no complaints of constipation, no physical examination findings to support this clinical situation and when considering the parameters outlined in the Medical Treatment Utilization Schedule (MTUS) for a laxative or stool softeners, this is not medically necessary with no complaints. Therefore, the Promolaxin 100 Mg #240 is not medically necessary.

**Tramadol 50 Mg #360:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88,89,93.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 82, 113.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) treatment guidelines support the use of tramadol (Ultram) for short term use after there has been evidence of failure of a first line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. Given the clinical presentation and lack of documentation of any functional improvement or decrease in pain complaints with the use of the medication Tramadol, there is no data presented to demonstrate the efficacy or utility of the ongoing use of this preparation. As such, the request for Tramadol 50 Mg #360 is not medically necessary.

**Sprinx Nasal Spray:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 72.

**Decision rationale:** This is a topical application of the medication Toradol (Ketorolac). The Medical Treatment Utilization Schedule (MTUS) does not support the oral use of this medication and there is no indication to support the nasal application. Furthermore, when noting the complaints offered and the findings on physical examination, there is no objective data presented to suggest that this medication has any efficacy or utility. As such, the Sprinx Nasal Spray is not medically necessary.