

Case Number:	CM14-0123014		
Date Assigned:	08/08/2014	Date of Injury:	04/17/2009
Decision Date:	10/15/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/04/2014

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 Texas. 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 patient is a 36 year old male who sustained an industrial injury on 4/17/2009. While driving his work truck, he rear-ended the car in front of him, he continued working, and reported his injury one month later. The previous peer review on 7/18/2014 certified the requests for follow-up in 4 weeks, naproxen 550 mg #60, and Ultracet 31.5/325 mg #60. The requests for MRI of the cervical spine, x-rays of the cervical spine, prilosec 20 mg #60, and Norflex 100mg #60 were non-certified as these were not complaint with the guidelines, and the medical necessity was not established. The patient had a comprehensive orthopedic AME on 5/19/2014. According to the AME report, the patient was incarcerated for 2.5 years until January 2012, and since October 2013 has been in and out of jail due to parol violations. Physical examination demonstrates limited cervical ROM with pain, tenderness in left paravertebral region, trapezius and interscapular areas, no spasm, normal sensation in both upper extremities, 5/5 motor strength bilaterally, and 2+ DTR bilaterally. Thoracic area tenderness and pain with limited lumbar motion is documented, and otherwise examination is normal. X-rays of the cervical, thoracic and lumbar spine are documented. The AME provided the patient the diagnoses of myofascial sprain of cervical, thoracic and lumbar spine. The AME states the patient's symptoms should have improved and most probably reached MMI by end of 2009. He is not a surgical candidate. The 5/28/2014 PTP progress report indicates the patient is treating for diagnosis of cervical strain and possible HNP of the lumbar spine. He continues to have neck pain and left arm pain. Physical examination documents 2+ cervical paraspinal muscle spasm, tenderness at palpation of cervical paraspinal muscles, 50 degrees flexion, 60 degrees extension, 45 degrees lateral bending, 80 degrees rotation, 2+ reflexes except for decreased left triceps, intact sensation, and 5/5 motor strength except for 4/5 left triceps and left wrist flexors. Work status is TTD. Naprosyn, Flexeril and Tramadol are refilled. Diagnoses are cervical strain and r/o herniated disc of cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg tablets #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & Cardiovascular risk Page(s): 68.

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

Decision rationale: The medical records reviewed do not document any gastrointestinal complaints. The CA MTUS guidelines state medications such as Prilosec may be indicated for patients at risk for gastrointestinal events, which should be determined by the clinician: 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). However, none of the above listed criteria apply to this patient. The guidelines recommend GI protection for patients with specific risk factors, however, the medical records do not establish the patient is at risk for GI events. In accordance with the CA MTUS guidelines, Prilosec is not medically necessary and is not recommended.

Norflex 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

Decision rationale: As per CA MTUS guidelines, Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available): This drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. According to the CA MTUS guidelines, non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic pain. In most cases, they show no benefit beyond NSAIDs in pain and overall improvement. The medical records do not establish the patient presents with exacerbation of his cervical pain. Furthermore, the medical records indicate chronic use of muscle relaxants, which is not supported or recommended under the guidelines. The request is not medically necessary or clinically appropriate

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: According to the AME report, examination of the patient revealed normal and symmetrical motor strength, sensation, and reflexes of the cervical spine and upper extremities. The CA MTUS ACOEM guidelines state the criteria for ordering imaging studies are: Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; and Clarification of the anatomy prior to an invasive procedure. The medical records do not appear to reveal consistent neurological findings that establish there is a progressive neurological deficit. There is no evidence of an emergence of a red flag, and the patient is not pending invasive procedure. The cervical MRI is not clinically indicated.

X-rays of the cervical spine AP and lateral: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Radiography (x-rays)

Decision rationale: According to the CA MTUS guidelines, the criteria for ordering imaging studies are: Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; and Clarification of the anatomy prior to an invasive procedure. The medical records do not demonstrate any of these criteria have been met and apply to this case. The medical records also do not establish any of the indications for cervical spine x-ray, as outlined in the ODG, are present and support this request. Furthermore, the medical records document recent x-rays of the cervical spine have been obtained. According to the AME report, review of the patient's cervical spine x-rays obtained on 5/19/2014 are negative for fracture, dislocation or soft tissue abnormality, straightening of the lordotic curve is noted and disc spaces are within normal limits. The medical records do not establish medical necessity for repeat studies.