

Case Number:	CM14-0021398		
Date Assigned:	05/07/2014	Date of Injury:	06/15/2011
Decision Date:	09/22/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/20/2014

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 47-year-old male with a reported date of injury on 06/15/2011. The injury reportedly occurred when a wall of boxes fell on the injured worker's head and neck. His diagnoses were noted to include cervical myoligamentous injury with associated cervicogenic headaches, bilateral upper extremity radicular symptoms, lumbar myoligamentous injury with lower radicular symptoms, left knee myoligamentous injury with meniscus tear, status post arthroscopic surgery, and medication-induced gastritis. The progress note dated 01/17/2014 revealed complaints of increased back pain to the lower back, radiating down both lower extremities that rated 8/10 in intensity. The injured worker indicated the lower back pain limited his mobility and activity tolerance. The provider indicated the injured worker had a significant disc bulge at L5-S1 measuring 5 mm, as well as electrodiagnostic findings consistent with L5 radiculopathy. The injured worker continued to complain of pain to the left knee, which was much improved following the arthroscopic surgery. The injured worker remained on his oral analgesic medications, which enabled him to be as functional as possible. The injured worker indicated Norco 10/325 mg 6 to 8 tablets a day in conjunction with Anaprox DS 550 mg, and Soma had been beneficial. He was also experiencing less gastrointestinal discomfort while on Prilosec 20 mg. The physical examination of the posterior cervical musculature revealed tenderness to palpation bilaterally and increased muscle rigidity. There was decreased range of motion, but the injured worker was able to bend his chin forward to about 2 finger breadths from the sternum, and extension was limited to 10 degrees. The injured worker had pain with both maneuvers, but worse with flexion. The motor testing in the upper extremities was rated 5/5, and the sensation to the pinwheel was intact. The deep tendon reflexes were rated 2/4 in the upper extremities bilaterally. The physical examination of the lumbar spine revealed tenderness to palpation along the posterior lumbar musculature and increased muscle rigidity. The motor

strength testing in the right lower extremity was 5-/5 in comparison to the left, which was 5/5. The straight leg raise test was mildly positive on the right, with mild radicular symptoms to the right calf. Deep tendon reflexes were 2/4 in the patella, 1/4 in the right Achilles tendon, and 2/4 in the left Achilles tendon. The sensory examination was decreased along the posterolateral thigh and posterolateral calf bilaterally. His medication regimen was noted to include Norco 10/325 mg, 8 tablets a day; Soma 350 mg 4 times a day; Anaprox DS 550 mg twice a day; and Prilosec 20 mg twice a day. The Request for Authorization form was not submitted within the medical records. The retrospective request dated 01/17/2014 was for Anaprox DS 550 mg #60, Prilosec 20 mg #60, and Norco 10/325 mg #240; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST (DOS: 1/17/14) FOR ANAPROX DS 550MG #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): 67-68.

Decision rationale: The retrospective request (date of service 01/17/2014) for Anaprox DS 550 mg #60 is not medically necessary. The injured worker has been utilizing this medication since at least 12/2013. The California Chronic Pain Medical Treatment Guidelines recommend NSAIDs at the lowest dose for the shortest period in patients with moderate to severe osteoarthritis pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. The guidelines recommend NSAIDs as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute low back pain. For patients with acute low back pain with sciatica, a recent review found no difference in treatment with NSAIDs versus placebo. The guidelines recommend NSAIDs as an option for short-term symptomatic relief for chronic low back pain. A review of the literature on drug relief for low back pain suggested that NSAIDs were no more effective than other drugs, such as acetaminophen, narcotic analgesics, and muscle relaxants. There is a lack of documentation regarding efficacy of this medication, and the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

RETROSPECTIVE REQUEST (DOS: 1/17/14) FOR PRILOSEC 20MG #60: 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 NSAIDs, GI symptoms and cardiovascular risk Page(s): 68.

Decision rationale: The retrospective request (date of service 01/17/2014) for Prilosec 20 mg #60 is not medically necessary. The injured worker has been utilizing this medication since at least 12/2013. The California Chronic Pain Medical Treatment Guidelines state physicians are to determine if the patient is at risk for gastrointestinal events such as age greater than 65 years; history of peptic ulcer, gastrointestinal bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or high-dose/multiple NSAIDs. The injured worker had been utilizing this medication for medication-induced gastritis; however, the previous request for Anaprox DS was not medically necessary; and therefore, Prilosec is not medically warranted. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

RETROSPECTIVE REQUEST (DOS: 1/17/14) FOR NORCO 10/325MG #240: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Opioids, On-going Management.

Decision rationale: The retrospective request (date of service 01/17/2014) for Norco 10/325 mg #240 is not medically necessary. The injured worker has been utilizing this medication since at least 12/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors should be addressed. There is a lack of documentation regarding evidence of decreased pain on a numerical scale with use of medications. There is a lack of documentation regarding improved fun status with activities of daily living with use of medications. There were no adverse effects for the use medications noted. The urine drug screen performed 12/2013 showed consistent prescription therapy. Therefore, despite evidence of consistent prescription therapy, without details regarding significant pain relief, increased function, and absence of side effects, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary.