

<b>Case Number:</b>	CM14-0097015		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	07/10/2003
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 California. 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 56 year old female who reported an injury on 07/10/2003; the mechanism of injury was not indicated. The injured worker had diagnoses including intervertebral disc disorder with myelopathy, lumbar region. Prior treatments included trigger point injection. Diagnostic studies included a CT scan of the cervical spine which was performed on 04/08/2013 and an EMG/NCV which was performed on 02/28/2014. The injured worker underwent cervical laminectomy, right ankle surgery X3 and spinal cord stimulator paddle lead placement in 2010. The injured worker complained of debilitating neck pain and cervicogenic headaches. A urine drug screen was performed on 03/06/2014 which was consistent with the injured worker's prescribed medication regimen. The clinical note dated 05/07/2014 revealed the injured worker had radicular symptoms and cervicogenic headaches for which she had a spinal cord stimulator placed. The cervical spine was tender to palpation in the posterior cervical spine musculature, trapezius, medial scapular and sub-occipital region. There were multiple trigger points and taut bands palpated throughout. Medications included Norco, FexMid, Motrin, Prilosec, Soma, Restoril and Nortriptyline. The treatment plan included a request for Anaprox DS qty 60, Prilosec 20mg qty 60, and Norco 10/325mg qty 120. The rationale for the request Anaprox DS qty 60, Prilosec 20mg qty 60, and Norco 10/325mg qty 120 was to lessen her pain and improve her overall function. The request for authorization was not provided within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox DS Qty 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 (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**Decision rationale:** The request for Anaprox DS qty 60 is not medically necessary. The injured worker complained of debilitating in her neck pain and cervicogenic headaches. There is a lack of documentation indicating the injured worker has significant functional benefits with use of Naproxen. The California MTUS guidelines recommend the use of NSAIDs for patients with osteoarthritis (including knee and hip) and patients with acute exacerbations of chronic low back pain. The guidelines recommended NSAIDs at the lowest dose for the shortest period in patients with moderate to severe 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. In patients with acute exacerbations of chronic low back pain, the guidelines recommend NSAIDs as an option for short-term symptomatic relief. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. There is a lack of documentation indicating the injured worker had decreased pain as a result of the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request is not medically necessary.

**Prilosec 20mg Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The request for Prilosec 20mg qty 60 is not medically necessary. The injured worker complained of debilitating in her neck pain and cervicogenic headaches. The California MTUS guidelines recommend the use of a proton pump inhibitor for injured workers at intermediate risk for gastrointestinal events with no cardiovascular disease and injured workers at high risk for gastrointestinal events with no cardiovascular disease. The guidelines note injured workers at risk for gastrointestinal events include injured workers over 65 years of age, injured workers with a history of peptic ulcer, GI bleeding or perforation, with concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is a lack of documentation indicating that the injured worker has a history of gastrointestinal bleed, perforation, or peptic ulcers. The injured worker is prescribed an NSAID medication; however, there is a lack of documentation indicating the injured worker has significant gastrointestinal symptoms related to the medication. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, the request does not indicate the frequency at which the

medication is prescribed in order to determine the necessity of the medication. Therefore, the request is not medically necessary.

**norco 10/325mg Qty 120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** The request for Norco 10/325mg qty 120 is not medically necessary. The California MTUS guidelines recommend ongoing review with documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The injured worker complained of debilitating neck pain and cervicogenic headaches. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request is not medically necessary.