

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0212792 | | |
| Date Assigned: | 12/30/2014 | Date of Injury: | 04/01/2000 |
| Decision Date: | 02/27/2015 | UR Denial Date: | 11/20/2014 |
| Priority: | Standard | Application Received: | 12/19/2014 |

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. 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: California, Massachusetts
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 54 year old male suffering from persistent low back pain as well as neck and knee pain. On 5/21/14 the injured worker was seen by a neurosurgeon. The history notes he had prior fusion at C5-6 in 2003. The injured worker has tried conservative care including epidural injections and other physical therapy but his symptoms are getting progressively worse. He has developed adjacent segment disease at C4-5 and C6-7, which is noted as moderate to severe with associated bilateral upper extremity radiculopathy. The recommendation is surgical removal of instrumentation at C5-6, exploration of fusion at C5-6, C4-5 and C6-7 anterior cervical discectomy and fusion with instrumentation from C4-7. Between 5/22/14 and 11/19/14 the injured worker was seen by his primary treating physician for follow up for low back pain, neck pain and right knee pain primarily and including secondary symptoms of GERD, anal cyst, incontinence and urgenc , and headaches. . Low back pain is characterized as weakness, cramping, numbness in lower extremities with weak feeling in legs. Neck pain is noted as radiation to shoulders and with a burning and tingling sensation in arms and hands. Additional pain in shoulder, wrists, and interscapular area noted. The physical exams indicate the injured worker presents with an antalgic gait , moderate paralumbar muscle spasm, positive straight leg raise test bilaterally. The thoracic spine exam notes tenderness from T4-7 parathoracic and spinous region. The right knee exam notes swelling on palpation over medial aspect with joint line tenderness. Cervical spine exam notes slight to moderate paracervical muscle spasms on palpation and positive Spurling's sign on both sides producing pain. The opinion of the primary treating physician is that the injured worker is permanently and totally disabled. Current

medications from the 11/19/14 visit include Opana ER 30 mg every 12 hours, Morphine IR 15mg one tab three times a day, continue Flexeril #90 one tab three times a day, Naproxen 550mg two times a day, Prilosec/Omeprazole 20mg 1-2 daily due to NSAID and opioids causing GI upset, Promolaxin 100mg 1-3 tabs every evening, Ambien 10mg once at bedtime. The medications of Naproxen, Prilosec and Flexeril have been prescribed for the injured worker at these dosages in each visit from 5/22/14 to 11/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 month supply of Naproxen 550mg: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: According to CA MTUS guidelines anti-inflammatory medications are the traditional first line treatment to reduce pain and inflammation. According to the provided medical records there is improvement with the current dose of naproxen twice daily. The UR reasons that this medication is not appropriate as, "there is no indication that the patient has had failed attempts at use of a lower dosage". This is not an accepted rationale to non-certify this medication as 550mg twice daily is a standard dosage. While the utilization reviewer notes that NSAIDs are not recommended for long-term use, in this specific injured worker there is no report of medical issues that would contraindicate continued use of NSAIDs including heart disease or kidney disease. Considering that this medication is supported by the guidelines, current dosage is at an appropriate standard dosing, and there is no contra-indication for ongoing long-term use, I believe continued use is medically necessary at this time. There is report of gastritis with use at time consequently this medication should be taken with a proton pump inhibitor (see determination #3).

90 tablets of Flexeril: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 67.

Decision rationale: Muscle relaxants are recommended as second line option for short-term treatment of acute exacerbations of muscle spasm in patients with chronic lower back pain. According to the cited guidelines muscle relaxants provide no additional benefit in managing chronic back pain and spasm beyond NSAIDs, which the patient is already taking regularly. Additionally efficacy appears to diminish over time and prolonged use increases risk of dependence and tolerance. Consequently the provided medical records and cited guidelines do

not support continued long-term chronic use of muscle relaxants as being clinically necessary at this time.

1 month supply of Prilosec/Omeprazole capsules 20mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, online edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms Page(s): 68.

Decision rationale: According to the medical records reviewed and the cited guidelines, the above medication is clinically necessary for the following reasons: there is evidence of medication related gastritis documented in the clinic record. According to CA MTUS guidelines use of omeprazole is appropriate when there is evidence of medication associated gastritis or if the patient is at increased risk of gastritis as risk factors including advanced age, history of peptic ulcer, gastrointestinal bleeding or concurrent use of NSAID with steroids or anticoagulants are lacking. CA MTUS guidelines state that the use of a proton pump inhibitor should be limited to the recognized indications and not prescribed for prophylactic use if there are no risk factors documented. Additionally it is recommended that it be used at the lowest dose for the shortest possible amount of time. The current prescription is not prophylactic and the dose is the standard lower dose. Considering documented necessity, the medication does appear to be clinically necessary at this time.